# 14th Medical Group Patient Handbook



Koritz Clinic United States Air Force Columbus AFB MS 39710 1 March 2015 Dear Patient,

Welcome to your 14th Medical Group (MDG) also known as the Koritz Clinic! We are delighted to serve you. This handbook is intended to help you obtain the high quality healthcare we provide.

The medical group's personnel continuously strive to exceed your healthcare expectations and provide you with the means to achieve a higher quality of life for you and your family. We recognize healthcare is fertile ground for "continuous improvement" and we welcome your suggestions. If there is some aspect of our service that does not seem adequate, please let us know! I guarantee we will address it and get back to you.

For information not provided within this guide, please ask a staff member or contact our Medical Group Patient Advocate at 434-1395. All of our clinics and support services also have staff members designated as Patient Advocates to help you.

TRICARE is military medicine's program for high quality, cost-effective and accessible care. As a member of TRICARE Prime, you are guaranteed access to our healthcare system and you will be assigned to a primary care management team to take care of your healthcare needs. Call our TRICARE Contractor, Humana, at 1-800-444-5445 for any assistance you may need regarding enrollment.

Again, I welcome you to the Koritz Clinic and thank you for choosing our staff to provide you with total quality healthcare.

Sincerely,

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ALLEN J. KIDD, Colonel, USAF, NC Commander, 14th Medical Group

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## **<u>14th Medical Group Mission</u>**

Produce Ready Medics, Optimize Airmen/Aircrew Health and Performance, and Provide Quality Medical Care and Education to All

## **<u>14th Medical Group Vision</u>**

Highest Performing and Innovative MDG in the USAF, Forging a Ready and Resilient AF and Military Community

# HOW DO I GET CARE?

**HOURS OF OPERATION:** The main clinic is open Monday – Friday from 0700-1700. Detailed clinical ancillary services hours of operation are listed within each section's portion of this handbook.

The clinic is closed the first and third Thursday of each month at noon for training.

**EMERGENCY CARE (potential loss of life, limb or eyesight):** Call 911 or go to the nearest emergency room. The same applies to out of area EMERGENCY Care. There is no ER located on Columbus AFB. The closest ER to the base is at Baptist Memorial Hospital located at 2520 5th Street North, Columbus, MS, (662) 244-1000. Follow-up with your PCM the following duty day to ensure the appropriate actions was taken.

NURSE ADVICE LINE (NAL): You can now speak with a Nurse about your symptom and receive medical advice by calling the Nurse Advice Line at (662) 434-CARE (2273) or 1-800-982-4260, option 2.

The NAL provides 24 hour/7 day a week nurse triage, advice and appointing:

- MTF enrollees calling the NAL will gain immediate access to advice from registered nurses.
- NAL nurses will advise enrollees on the most clinically appropriate level of care ranging from emergency to self-care.
- NAL will provide parent/care-giver the option of a follow-up call if self-care is advised for any pediatric patients.
- NAL will issue network urgent care authorizations if an acute appointment is required and no access is available in the MTF.
- NAL will inform the PCM of any enrollee call to the NAL.

**ACUTE/URGENT CARE:** Acute illness or injury requiring evaluation and treatment by a provider within 24 hours requires a referral prior to seeking medical care.

- CALL: **434-CARE** or **1-800-982-4260** (for appointments, self-care advice or to speak with a Nurse)
- Available 24 hours/7 days a week
- On-call provider and NAL are available after-hours and during holidays
- The same applies for out of area ACUTE care, call (662) 434-CARE or 1-800-982-4260 first!

**ROUTINE CARE:** Call (662) 434-CARE or 1-800-982-4260 or go to <u>www.tricareonline.com</u> to schedule a routine appointment with your Primary Care Manager (PCM).

**MiCARE - DIRECT COMMUNICATION WITH HEALTHCARE TEAM:** Patients are *highly encouraged* to register with MiCare at <u>https://app.relayhealth.com/registration.aspx</u>. MiCare allows patients to securely communicate with their medical care team via a secure messaging system. Also, registration can be accomplished during in-processing or during the patient's initial PCM visit.

• Access a large library of patient education materials

• Communicate online with your healthcare team about non-urgent symptoms

**TELEPHONE CONSULTS (T-CONS):** You may speak with one of our clinical nurses regarding home care advice and medical questions via a telephone consult. To initiate a T-Con contact the appointment line at (662) 434-CARE (2273) and ask to speak with a nurse or initiate using MiCare. T-Cons should be answered within 72 hours. T-Cons are utilized for:

- Home care advice regarding illness that does not require an appointment.
- Questions regarding how or where to access the health care system (if you are unsure if you need an appointment).
- Care coordination, disease and case management.
- Inquiries about test results if you've not been notified within 10 business days of your appointment.
- Short term medication renewals until you can get an appointment with your PCM; however, this should be an exception, not routine practice.
- Initiating a retroactive referral for emergency room care already received for active duty members (non-active duty beneficiaries do not require a referral to seek emergency room care).

An appointment is required for:

- Initiating a new referral
- Renewal for an expired prescription
- Initiating an order for a new prescription or a change in prescription

#### **OUT-OF-AREA CARE:**

- Emergencies: No pre-authorization is required for emergencies.
- Urgent Care: Contact your PCM prior to getting care for out-of-area urgent care to ensure you will get an authorization.
- Routine Care: Not covered when TRICARE Prime beneficiaries are out-of-the-area

TRICARE Prime beneficiaries who require emergency care should seek care at the nearest civilian or military treatment facility that provides 24-hr service.

Enrolled beneficiaries who seek non-emergency care without prior approval will automatically be billed under the TRICARE Point-of-Service option. This option requires payment of an annual deductible of \$300 for an individual enrollee or \$600 per family, plus 50 percent of TRICARE allowable charges for outpatient services and hospitalization.

**LATE PATIENT ARRIVAL POLICY:** Late arrivals can cause long wait times, so patients who arrive late for their appointment may be required to reschedule. Out of consideration for other patients with scheduled appointments, we ask that all beneficiaries arrive early to allow adequate time for check-in with the front desk and to complete any required paperwork prior to their appointment time.

#### ACTIVE DUTY ONLY:

**Duty Limitation Codes:** Active Duty member should report to their PCM for evaluation of any illnesses and/or physical injuries/limitations. It is the individual's responsibility to ensure that the provider is aware of upcoming fitness testing or physical limitations related to their primary duty to ensure the appropriate assignment of a profile. All pregnant Active Duty members will report to Public Health for Fetal Protection profile within 24 hours of pregnancy confirmation. Members who require a profile for fitness or exercise limitations should not wait. Members should ensure adequate time to process paperwork for all non-acute injuries.

**Automated Medical Quarters Notification System (AMQS):** Active Duty personnel should call the clinic for a same-day appointment if ill/injured or unable to complete work duties. The provider will input quarters authorizations into ASIMS. AMQS will automatically send an e-mail notification to the member's squadron commander and unit health monitor with minimum necessary disclosure. The provider may hand the member a printed copy or the member can print out a copy of their quarter's notification from their MyIMR page (<u>https://imr.afms.mil/imr/MyImr.aspx</u>). It is the member's responsibility to notify their immediate supervisor of the quarters and provide a copy if requested. This ensures timely and accurate reporting to member's chain of command.

The provider will complete AF Form 37 for Foreign Military Personnel.

**Convalescent Leave:** All Active Duty members must inform their chain of command (supervisor, chief or next in line) prior to any medical or surgical procedures that may require convalescent leave. The AD member also has the responsibility to notify their Primary Care Manager (PCM) of any scheduled procedure off-base by a Civilian provider. The PCM has the responsibility of counseling the member regarding factors related to surgical procedures and deployment availability, PCS, and upcoming separation/retirements as well as ensuring the member is adequately profiled.

The Chief of Medical Staff (SGH) for the 14 MDG recommends completion of the Convalescent Leave paperwork by the PCM prior to the procedure. This ensures that the paperwork is routed in a timely manner and that all parties involved are aware of the planned procedure (i.e. supervisor and PCM). If the procedure is scheduled with an off-base Civilian provider, then it is the member's responsibility to bring the medical recommendation for convalescence to the PCM. The PCM will review the paperwork and recommend Convalescent Leave to the unit commander. The Military provider is not obligated to recommend the same number of days as the Civilian provider.

The member's commander will be the final approving authority (i.e. the commander may approve, disapprove or amend the recommended convalescent leave). The PCM will also generate a AF 469 (i.e profile) based on the condition being treated if this has not already been addressed.

IAW AFI 36-3003, Military Leave Program, convalescent leave section 4.3.4.1 Unit commanders normally approve convalescent leave based on the written recommendation of the MILITARY physician most familiar with the member's condition. This written recommendation is made to the unit commander on a hard-copy AF Form 988 Leave Request and Authorization that is signed by the MILITARY provider (otherwise known as PCM). The service member is responsible for obtaining the unit commander approval and uploading any documentation necessary into Leave Web for processing of the leave request. If the convalescent leave paperwork is completed prior to the medical or surgical procedure, it is the member's responsibility to take corrective action (i.e. retract the convalescent leave) not the MTF.

This process only applies to medical care that was referred by the member's PCM. There is no provision for Convalescent Leave for "Elective Medical or Surgical Healthcare" but a member may use Ordinary Leave. Please contact Beneficiary Services for coordination regarding approval of these cases.

**NO-SHOW POLICY:** Patients that arrive after their scheduled appointment time and cannot be seen will be considered a no-show. No-show letters will be forwarded to unit commanders or first sergeant. In addition, short notice cancellations of 24 hours or less may be considered a "No Show" due to the likelihood of that appointment going unused.

**UNATTENDED CHILDREN POLICY:** Children will not be allowed in the exam and treatment rooms during a clinic visit, invasive examination/procedures, laboratory and/or x-ray exams, unless it is their own appointment. The clinic staff is not authorized to attend or watch unattended minor children. Unattended minor children pose a safety risk to themselves, other patients, and our staff. For the safety of all involved, your appointment will be rescheduled if children are brought to these types of appointments.

**PETS/ANIMALS:** To ensure a clean environment that conforms to infection control standards, pets/animals are not allowed in any 14 MDG facility with the exception of certified service animals or military working dogs. The clinic does not have a pet therapy program; therefore, "pet therapy" animals are prohibited.

#### PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

All persons obtaining care in this medical/dental treatment facility are entitled to certain rights and are also subject to certain responsibilities. The observance of these rights and responsibilities by both patients and facility personnel is vital to ensure patient care and services are delivered in an appropriate, efficient and effective manner.

#### **PATIENT'S RIGHTS**

The patient's rights are supported by all facility personnel and are an integral part of the healing process. Child and adolescent patients under the age of 18 will be represented by their parents and/or guardians (except when self-representation is allowed by law) to ensure that these patients have the same rights as adult patients. These patient's rights are:

**1.** Access to Emergency Services – The right to be transferred to an appropriate level of care for emergencies and to receive that care without preauthorization where and when acute symptoms are so severe that a "sensible layperson" would want emergency care to prevent serious harm or death.

**2. Respect and Nondiscrimination** – The right to timely, considerate and respectful care at all times and under all circumstances. The right to an environment of shared respect which is free from discrimination.

**3.** Choice of Providers and Plans – The right to accurate information about the TRICARE program to include covered health benefits and health plan options. The right to a choice of healthcare providers, either within TRICARE Prime network or the Military Treatment Facility. The right to

know, at all times, the identity, professional status and professional credentials of healthcare personnel, as well as the name of the healthcare provider primarily responsible for their care.

**4. Participation in Your Care and Care Decisions** – The right to receive accurate, accessible and understandable healthcare information; ask questions and receive timely answers to those questions; choose someone to make decisions on your behalf if you cannot do so; know all of your treatment options including the option of no treatment; know the risks, benefits and consequences to each of those options; and refuse care as allowed by law.

**5. Confidentiality of Health Information** – The right to privacy and protection of your personal health information; to communicate with healthcare providers in confidence as allowed by law and regulation; and to request amendments to your records within specific legal limits. Also, the right to review and obtain a copy of your medical record.

**6. Appeals and Complaints** – The right to a fair and efficient process to appeal medical necessity decisions by the Medical Treatment Facility or by TRICARE that includes both internal review and independent external review; to discuss complaints with your providers or Patient Advocate; and to contact a TRICARE Debt Collection Assistance Officer if unable to pay fees.

**7. Information Disclosure** – The right to review a provider directory maintained in the TOPA Office to assist with understanding your provider's education and training when selecting a Primary Care Manager.

**8.** Safe Environment – The right to care and treatment in a safe environment, which meets appropriate safety codes and is prudently and reasonably managed. The right to be informed about smoking rules and the expectation of compliance with those rules from other individuals.

**9.** Access to Care – The right to expect reasonable access to and continuity of care and to know when care is not available at this facility in a timely manner. The right to expect your provider will inform you of appropriate follow-up and treatment.

**10.** Advance Directives – The right to make advance directives concerning your desired treatment or refusal thereof, such as a living will or durable power of attorney. The MDG will not condition the provision of care or discriminate according to whether or not you have executed an advance directive.

11. Pain Assessment – The right to an appropriate assessment and management of your pain.

#### PATIENT'S RESPONSIBILITIES

Providing quality care is a complex task that requires close cooperation between patients and healthcare personnel. Patients who take responsibility for their care are helping the medical team give the best possible care. The patient's responsibilities are:

**1. Respect and Nondiscrimination** – The responsibility to respect the rights of other patients and Medical Treatment Facility staff, and for assisting in the control of noise, smoking, and the number of visitors. The responsibility for being respectful of the property of other persons and of the facility staff.

**2.** Choice of Providers and Plans – The responsibility to become educated about TRICARE coverage, options and rules, to include required fees.

**3. Participation in Your Care and Care Decisions** – The responsibility to tell your healthcare professional everything you know about your illness and condition, past health care, and any and all medications or supplements you are taking; inform the doctor or nurse about any changes in how you feel; participate in decisions related to your healthcare and ask questions if you do not understand any part of the proposed treatment; follow your provider's plan of care; maximize healthy habits such as exercising, not smoking, eating a healthy diet, and not knowingly spreading disease; and keeping appointments on time and notifying the facility when appointments cannot be kept.

**4. Appeals and Complaints** – The responsibility to report wrongdoing and fraud to appropriate authorities. The responsibility for helping the facility commander provide the best care to all beneficiaries by making recommendations, asking questions or expressing concerns to any patient advocate representative.

**5. Health Care Proxy** – The responsibility to designate a person to whom your healthcare information may be passed if your condition is such that you are unable to participate in the decision making process. The responsibility to designate a person to handle your activities of daily living (driving, shopping, etc.), should your condition warrant, to include providing a responsible adult to transport you to and from the facility and remain with you for 24 hours or more, if required by your provider.

**6.** Advance Directives – The responsibility to inform your provider of any living will, medical power of attorney, or advance directive that may affect decision making in your healthcare delivery.

**7. Patient Escort** – The responsibility to provide a responsible adult to transport you home from the facility and remain with you for twenty-four (24) hours, if required by your provider.

For more information on your patient rights and responsibilities, please call the Patient Advocate's Office at (662) 434-1395 or visit room P114 or P124, in the Temporary Phasing Facility. DoD Instruction 6000.14, *Patient Bill of Rights and Responsibilities in the Military Health System*, Sept 26, 2011, completely describe your rights and responsibilities and is available from the Patient Advocate.

If you believe your rights are being compromised, please discuss this with your care providers or a patient advocate. Section patient advocates and facility-level patient advocates are identified by signs posted in each section or you may call (662) 434-1395 for assistance. You may also request a review from the 14 MDG Ethics Working Group by calling the Risk Manager at (662) 434-2292.

#### CONVEYING MEDICAL CONCERNS EFFECTIVELY

Even in the best health care systems, things can and do go wrong. Some difficulties patients encounter are simply a result of trying to navigate an often complex and complicated medical system. What should you do when your expectations aren't met or you receive inadequate service? Begin by telling someone!

How can you convey your concerns effectively? Start by seeking out the Patient Advocate in the section where your concern arose. The Patient Advocate works directly for you! They have access to the Medical Group Patient Advocate, the Commander and direct key members of the Executive Staff whenever necessary. They work with squadron leadership to thoroughly investigate and resolve your concerns in a timely manner.

Each section has at least one Patient Advocate. Their pictures are prominently displayed in each section's waiting area or clinic. Most concerns can be resolved at this level. If the problem cannot be resolved here, you will be referred to the Medical Group Patient Advocate. By following the established chain, your concerns are solved more expediently. When voicing your concerns, try the following tips:

- **Speak up!** This is most important. We cannot help you if we don't know what the problem is. Our goals are to resolve your concerns and prevent others from having unsatisfactory clinic experiences. Help us help you by letting us know when we don't meet your expectations.
- Voice your concern at the appropriate level. By seeking assistance at the lowest level, your concerns will be resolved much faster. If you're not satisfied at this level, ask to be directed to the clinic's Patient Advocate or speak directly with your provider for clinical issues. If issues remain unresolved, please contact the Medical Group Patient Advocate at (662) 434-1395.
- Voice your concerns as soon as possible. It is difficult to investigate exactly what occurred after a lengthy period of time. When possible, wait until you are calm. Your concern is better explained and criticism is usually much more constructive after you have taken a few breaths.
- **Be specific!** "I never receive good service" is vague. "I waited an hour and a half for my appointment before anyone acknowledged me, and then I was told I wasn't in the system" provides more useful information.
- **Fill out a comment card.** Comment cards are readily available throughout the clinic for you to fill out regarding the service you received. The clinic has a process in place to review completed comment forms and respond to those requesting feedback. Additionally, squadron and group leadership review them to detect trends and make proper adjustments to procedures. Include contact information so we can reach you about specific complaints and our response to it.
- **Trust the complaint system.** Each Patient Advocate was selected because of their extensive knowledge and experience in their section. Hold them accountable. If you feel it is necessary, follow-up with a phone call or e-mail. If you have tried to resolve your concerns at the section level and are not satisfied, ask to be referred to the Medical Group Patient Advocate. They will ensure your concerns are conveyed to the proper authority.

# 14TH MEDICAL GROUP TELEPHONE NUMBERS

Aerospace and Operational Physiology	434-2781
APPOINTMENTS	434-CARE (2273)
Beneficiary Services	434-2137/2212
Dental	434-2250
Exceptional Family Member Program	434-2115
Family Advocacy	434-2197/2556
Health and Wellness Center (HAWC)	434-2477
Immunizations	434-2187
Laboratory	434-2124
Medical Records	434-2218
Mental Health	434-2239
On-Call Provider	434-CARE (2273)
Optometry	434-2331/1284
Patient Administration	434-2334
Patient Advocate/Risk Management	434-2292/2296
Patient Safety	434-3337
Pharmacy	434-2168
Pharmacy Refill Line	434-2799
Physical Therapy	434-2120
Public Health/PHA Cell	434-2144/3326
Radiology	434-2211
<b>Referral Management Center</b>	434-7905/2146
TRICARE/Humana	1-800-444-5445
TRICARE Contract Liaison	434-2212

# MEDICAL RECORDS INFORMATION

Medical records are the property of the US Government and must be stored at a Department of Defense (DoD) military treatment facility (MTF) to ensure protection and availability of the medical record for treatment. Service members and their dependents may not hand-carry their medical records during TDY, PCS, retirement, or separation moves. Medical records will be mailed to the applicable servicing MTF, Veterans Administration (VA), or Air Force Personnel Center (AFPC). When AD Flyers or Personnel Reliability Program (PRP) members go TDY or PCS, they may pick up their medical records up to one (1) duty day prior to departure, with official orders.

Patients may request and receive one copy of their medical record, at no cost, within 30 days after a written request is submitted. Any additional copies will be provided to the patient or the requesting entity at the patient's expense within 30 days after a written request is received. Spouses and children 18 years or older must submit their own requests for copies.

Each DoD MTF has a designated Health Insurance Portability and Accountability Act (HIPAA) Privacy Officer in place to ensure health care information remains private but available to patients, their providers, and any other person designated in writing by the patient. For additional information regarding records and the enhanced safeguards DoD has in place to protect private health care information, contact the 14 MDG HIPAA Privacy Officer at (662) 434-2380/2283.

# MEDICAL SERVICES INFORMATION

ALCOHOL AND DRUG ABUSE PREVENTION AND TREATMENT PROGRAM (ADAPT) Hours: 0730-1630, Monday-Friday; closed for training the first and third Thursday after 1200 Telephone: (662) 434-2239

Location: Until Fall 2015 - Temporary Phasing Facility, Building 99903

The Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program consists of three proactive areas of services: Substance Abuse Prevention and Education; Treatment (clinical and non-clinical services); and Drug Demand Reduction. The emphasis is on prevention and early intervention for substance abuse problems. A comprehensive treatment approach is utilized in addressing the patient's needs and the level of care indicated. Services include evaluation, treatment planning, and counseling (individual, family, and group). In addition, we provide an extensive outreach program to the community that focuses on education and awareness.

#### **DENTAL SERVICES**

Hours: 0730-1630, Monday-Friday; closed for training the first and third Thursday after 1200 Sick Call Hours: Monday-Friday by appointment Telephone: (662) 434-2250/2846 Location: Corner of Simler Blvd and Downs Street; Bldg. 1004

- For dental problems, call for a Sick Call appointment at (662) 434-2250 or (662) 434-2846
- Access after-hours urgent/emergent care by calling (662) 434-CARE
- Please sign your family members up for the TRICARE Dental Program (AD family dental plan) or Delta Dental (retiree dental plan)
  - On-line address <u>www.TRICAREdentalprogram.com</u> or <u>http://www.trdp.org/</u>, respectively

- A list of dentists enrolled in dental plans are available at the Dental Clinic or on-line
- Cancellations: Please be considerate and cancel any appointments you are unable to keep by calling (662) 434-2250. We ask that you try to do so at least 24 hours in advance. Canceling in advance opens appointments for those who need to be seen and increases availability for everyone. No-shows and chronic last minute cancellations are reported via a no-show email to the member's unit commander and first sergeant.
- Patients are not allowed to hand carry their records to their next assignment except for Flyers and PRP members with official TDY/PCS orders. Flyers and PRP members may pick up dental records 5 duty days prior to their final out-processing day.

#### EXCEPTIONAL FAMILY MEMBER PROGRAM - MEDICAL (EFMP-M)

**Hours:** 0730-1630, Monday-Friday; closed for training the first and third Thursday after 1200 **Telephone:** (662) 434-2115

Location: 201 Independence Dr. Bldg. 1100, 1<sup>st</sup> Floor, Main Entrance (Family Health Clinic)

Sponsors who have family members that need medical subspecialty care (i.e. pediatric cardiology, ophthalmology, etc.), medically related services, or who receive special education services are mandated to be enrolled in the Special Needs Program. The Special Needs Officer serves as a patient advocate for medical care concerns. Medical clearances for family members accompanying sponsor overseas are accomplished in this office.

#### FAMILY ADVOCACY PROGRAM (FAP)

**Hours:** 0730-1630, Monday-Friday; closed for training the first and third Thursday after 1200 **Telephone:** (662) 434-2239 **Location:** Until September 2015 - Temporary Phasing Facility, Building 99903

<u>Educational Programs</u> – Classes are held to provide educational information on parenting, stress management, marital issues and for the identification and prevention of child and domestic abuse. Participation is voluntary. Groups are encouraged to contact the FAP office if they wish to have a presentation on these or related topics.

<u>Family Maltreatment</u> – The special focus of the Family Maltreatment Program is the protection and treatment of abuse victims and their families. Suspected abuse should be reported to the Family Advocacy Clinic. Family Advocacy Treatment Managers provide assessment, treatment, and referral services to families experiencing domestic violence or child abuse and neglect. Treatment services include individual, couples, and family therapy. The goal of all services is to strengthen military families by improving family functioning.

<u>Outreach Program</u> – The special focus of the Outreach Program is prevention and awareness. The Outreach Manager provides briefings and training, as well as, community awareness information on child and spouse abuse prevention, recognition and reporting to base organizations, service providers, and the general community. Information regarding prevention, community awareness, mandatory reporting rules, and information about prevention and treatment services are available to military members and their families through the Family Advocacy Program.

<u>Prevention Programs</u> – Family Advocacy Strength-Based Therapy (FAST): The FAST program provides counseling to couples or families who want to build on their strengths to improve their relationships. Common issues addressed are parenting, stress and anger management, and communication. FAST services are completely voluntary. No one outside the Family Advocacy

Program is notified of your participation. No documentation is placed in the medical record, except in the case of those who are on sensitive duty status.

#### PATIENT CENTER MEDICAL HOME (PCMH)

The Family Health and Flight Operational Medicine Clinics provide proactive care to all enrolled patients utilizing the PCMH model of Health Care. A team approach to health care delivery that providers the following to all Airmen and beneficiaries:

- Enhanced access to meet patient needs
- Continuous & comprehensive care
- Medical management of all conditions
- Preventive and evidence based care
- Proactive management of all health risk
- Health education and decision making support

#### FAMILY HEALTH CLINIC

**Hours:** 0700-1700, Mon-Fri; closed for training the first and third Thursday after 1200 **Telephone:** (662) 434-CARE (2273) or 1-800-982-4260 **Location:** 201 Independence Dr. Bldg. 1100, 1<sup>st</sup> Floor, Main Entrance

# AFTER-HOURS/WEEKEND/HOLIDAY: Call (662) 434-CARE (2273); an on-call provider is

available for consultation.

The <u>Family Health Clinic</u> is designed to manage all of your basic health care needs using evidencebased care. Focus is on medical readiness and prevention of illness in our active duty population and their families.

#### FLIGHT OPERATIONAL MEDICINE CLINIC (FOMC)

**Hours:** 0700-1700, Mon-Fri closed for training the first and third Thursday after 1200 **Telephone:** (662) 434-CARE (2273) or 1-800-982-4260 **Location:** 201 Independence Dr. Bldg. 1100, 1<sup>st</sup> Floor, Main Entrance

#### AFTER-HOURS/WEEKEND/HOLIDAY: Call (662) 434-CARE (2273) or NURSE ADVICE

LINE (NAL) 1-800-982-4260, option 2 to speak with a nurse or provider about your symptom and receive medical advice.

- RAC (Return to Fly)
  - o Walk-in for Return to fly/controlling status, Airsickness, CAP and Post deployments
  - Check-in at Phillips Auditorium (located between the 37<sup>th</sup> and 41<sup>st</sup> Flying Training Squadrons) at 0700 & 1300, except the afternoons of the first and third Thursday.
- Contact (662) 434-CARE (2273) for routine care and follow up

The FOMC consists of flight surgeons, nurses and technicians working together to serve flying, special operations, and selected non-flying personnel and their families.

#### **IMMUNIZATION CLINIC**

**Hours:** 0730-1630, Monday- Friday; closed for training the first and third Thursday after 1200. Closed every 1<sup>st</sup> and 3<sup>rd</sup> Friday of each month after 1500 for small pox vaccinations. (Appointment Only)

#### **Telephone:** (662) 434-2187 **Location:** 201 Independence Dr. Bldg. 1100, 1<sup>st</sup> Floor, Main Entrance

- Mandatory Active Duty immunizations
  - Yellow fever
    - Service is only available for active duty with PCS or deployment orders mandating yellow fever vaccine.
    - Those planning elective travel to yellow fever endemic areas *require* prior consultation with travel medicine.
  - Tuberculosis screening
    - Not placed on Thursdays and/or Fridays preceding a long weekend.
  - Small Pox
    - Deployers and Small Pox Medical Team Members only
    - 1<sup>st</sup> and 3<sup>rd</sup> Friday of each month patient will be scheduled
- Routine immunizations
  - Service available to all beneficiaries
  - Shot records required

#### LABORATORY SERVICES

**Hours:** 0730-1630, Monday- Friday; closed for training the first and third Thursday after 1200 **Telephone:** (662) 434-2124

Location: 201 Independence Dr. Bldg. 1100, 1<sup>st</sup> Floor, Main Entrance

- Please call lab prior to visit if you have any questions, including hours
- Orders from military and civilian physicians are accepted
- Results are provided to patients by the ordering medical provider only

#### MENTAL HEALTH

**Hours:** 0730-1630, Monday-Friday; closed for training the first and third Thursday after 1200 **Telephone:** (662) 434-2239. Patients may call the clinic directly to schedule an appointment without a referral.

Location: Until Fall 2015 - Temporary Phasing Facility, Building 99903

- Services available for AD and AD Dependents. Services for retirees and retired family member are on a space available basis.
- Individual and couples counseling available
- Emergency appointments available
- Limited psychiatry services via Video Teleconference (VTC)

The Mental Health staff includes psychologists, social workers, mental health technicians and support staff. Services include evaluations for emotional and behavioral concerns, as well as, treatment and follow-up services through counseling (individual, group, marital, and family). Referrals are not needed. If you wish to see a network provider, contact Value Options (1-800-700-8646) for a list of providers in the local area. Dependents are allowed 8 mental health appointments before they need to obtain a referral.

#### **OPTOMETRY CLINIC**

Hours: 0730-1630, Monday-Friday; closed for training the first and third Thursday after 1200

**Telephone:** (662) 434-2331 **Location:** 201 Independence Dr. Bldg. 1100, 1<sup>st</sup> Floor, Main Entrance

- Complete eye exams are available for Active Duty and TRICARE Prime enrollees
- Contact lens service is available for aircrew, patients with medical indications, and other beneficiaries on a limited basis
- PRK referral (Active Duty Air Force Only)
- Routine appointments call after 0730 or use www.tricareonline.com
- Flyers Do you wear contacts? Go to Optometry ASAP upon arrival to Columbus!

#### **OUTPATIENT RECORDS**

**Hours:** 0700-1630, Monday-Friday; closed for training the first and third Thursday after 1200 **Telephone:** (662) 434-3129

Location: 201 Independence Dr. Bldg. 1100, 1<sup>st</sup> Floor, Main Entrance

- Medical Records are property of the US government
- No hand-carry policy except Flyers and PRP members with official TDY/PCS orders. Flyers and PRP members may pick up medical records 1 duty day prior to their final out-processing day.
- A Medical Power of Attorney is required to release Personal Health Information to someone other than the adult owner of the medical information (i.e. dependents over the age of 18 and/or service member's spouse)

#### PHARMACY SERVICES

**Hours:** 0730-1700, Monday-Friday; closed for training the first and third Thursday after 1200 **Telephone:** (662) 434-2168

Location: 201 Independence Dr. Bldg. 1100, 1<sup>st</sup> Floor, Main Entrance

- Patients may bring any prescription including non-formulary medications to the pharmacy to be filled. Staff will engage with the prescriber to either gain prior authorization or change the prescription to a therapeutic equivalent formulary medication.
- Check in immediately upon arrival to activate prescriptions
- To pick up prescriptions for another patient, a copy (front and back) or actual military identification (ID) card of that individual is required in addition to a signed authorization card.
- All patients 16 and older will require presentation of an ID card.
- Military and civilian prescriptions are accepted
- Prescription Refill System
- Prescriptions with valid refills called in before midnight will be ready the next duty day at 1100.
- Transfer of refills from another military or a civilian
  - Patients must provide a valid telephone number for civilian pharmacies.
  - Transferred prescriptions may take up to 72 hours to process
- Renewal for an expired medication, an order for a new prescription, or a change in prescription requires a PCM appointment. Please contact the appointment line at (662) 434-CARE (2273) to schedule an appointment.

# How to read a medication label



#### NEW PHARMACY COPAYS

- New copayments for prescription drugs covered by TRICARE went into effect February 1, 2015. The Fiscal Year 2015 National Defense Authorization Act requires TRICARE to increase most pharmacy copays by \$3. Drugs from military pharmacies and generic drugs from TRICARE Pharmacy Home Delivery still cost beneficiaries \$0.
- TRICARE pharmacy copays vary based on the class of drug and where beneficiaries choose to fill their prescriptions. Home Delivery copays for formulary brand name drugs are going from \$13 to \$16, and for non-formulary from \$43 to \$46. You can get up to a 90-day supply of drugs through Home Delivery.
- At the retail pharmacy network, copays for generic formulary drugs go from \$5 to \$8, brand name formulary go from \$17 to \$20 and non-formulary from \$44 to \$47. You can get up to a 30-day supply of drugs at retail pharmacies.

#### SOME PHARMACY COPAYS ARE NOT CHANGING IN 2015

 Military pharmacies remain the lowest cost option for beneficiaries, with no cost for drugs, and generic formulary medications at Home Delivery remain \$0. Home Delivery is a low cost, safe and convenient way for TRICARE beneficiaries to get their maintenance medications. Copays at non-network retail pharmacies will also change, based on the changes to retail copays. For more details, visit <u>www.TRICARE.mil/pharmacycosts</u>.

**SPECIALTY DRUGS:** What is a specialty drug? Specialty medications are usually high cost, selfadministered, injectable or oral medications that treat serious, chronic conditions, e.g., cancer, multiple scleroses, rheumatoid arthritis, hepatitis C. This includes oral and injectable drugs that may need special storage and handling and aren't available from many retail pharmacies. Beneficiaries may call Express Scripts at 877.363.1303 to see a list of affected drugs or at <u>www.express-</u> <u>scripts.com/TRICARE</u>. On May 1, 2015, Express Scripts will implement a new network of retail specialty pharmacies. Beneficiaries who take certain specialty drugs will have to switch retail pharmacies, use Home Delivery, or military pharmacies.

- To avoid any interruption in service, beneficiaries should move their prescriptions to a new retail network specialty pharmacy, to Home Delivery, or to a military pharmacy before May 1, 2015.
- When using a retail pharmacy, beneficiaries must make sure the pharmacy is a retail *network specialty pharmacy*. There are retail pharmacies that are a part of the TRICARE® network for non-specialty drugs but aren't network for specialty drugs. Several major national retail drug store chains, including Walmart, CVS, Target and Rite-Aid will be a part of the retail network of specialty pharmacies.
- On February 17, 2015, Express Scripts will mail letters to beneficiaries who are affected by this change. Doctors will also get a letter explaining the change. Copies of all letters can be found in the Source Documents tab of the Customer Service Community website.
- Beneficiaries who get their specialty drugs at a non-network specialty pharmacy after May 1, 2015 will have to pay up front, file a claim, and be reimbursed at non-network rates.

#### TIMELINE

- February 17, 2015 Initial mailing to affected beneficiaries and their providers.
- May 1, 2015 TRICARE Pharmacy Contract (TPharm-4) starts, new specialty network in place. Beneficiaries need to make sure their specialty drug is transferred before May 1
- May 2015 Forward Future DoD Pharmacy and Therapeutics Committee meetings may add more specialty drugs to the list.

#### MILITARY ELECTRONIC PRECRIPTIONS (ePrescribe)

• Starting December 31, 2015, civilian doctors can send electronic prescriptions to stateside military pharmacies (including Guam and Puerto Rico). Beneficiaries will have no copays for medications (as normal) and their wait time at the pharmacy will be reduced. This also lets pharmacy staff fix issues with the prescription (if any) before the beneficiary gets there. Some non-formulary medications might not be available at the military pharmacy. If the pharmacy gets a prescription for a medication they don't have, the pharmacy will contact the provider to figure out an alternative.

#### PHYSICAL THERAPY

**Hours:** 0730-1630, Monday-Friday; closed for training the first and third Thursday after 1200 **Telephone:** (662) 434-2120

Location: Until Fall 2015 - Temporary Phasing Facility, Building 99903

- AD and TRICARE Prime beneficiaries (Standard patients on space available basis) with a referral/order from PCM or Network Provider
- Direct Access Active Duty patients (not on flying status or PRP) are able to see the physical therapist without a referral if they meet the below criteria:
  - Contingent upon staffing with an advanced practice Physical Therapist
  - Muscular-skeletal injury occurring in the last 30 days
  - Should **not** have already been seen by a physician for this injury
  - No other medical issue needing to be addressed

#### PUBLIC HEALTH/PHA CELL

**Hours:** 0730-1630, Monday-Friday; closed for training the first and third Thursday after 1200 **Telephone:** (662) 434-2231/1608 **Location:** 201 Independence Dr. Bldg. 1100, 1<sup>st</sup> Floor, Main Entrance

#### **Community Health:**

<u>Communicable Diseases Surveillance/Control</u>: Public Health provides information and counseling on communicable diseases to individuals and groups upon request or referral from a health care provider. Evaluation of positive TB skin tests and sexually transmitted disease interviews are conducted on a walk-in basis upon referral from a provider. We are also available to provide group training on HIV or other communicable diseases upon request.

<u>Travel Medicine/Deployment Briefings</u>: Active duty members deploying on orders can report to Public Health on a walk-in basis to begin their medical out-processing checklist. Personnel and other beneficiaries planning foreign travel can receive immunization and preventive medicine information regarding their destination after scheduling a travel medicine appointment with Flight Medicine. Please report to Public Health one (1) hour before your scheduled appointment to receive the preventive health briefing and paperwork required for your provider visit.

#### Force Health Management:

<u>Occupational Health and Safety:</u> The Occupational Health section provides assessment of health hazards and guidance on how to reduce these hazards in the work area. Earplugs are fitted on a walk-in basis or during the scheduled occupational health exam. Please bring PPE (earplugs) with you for your audiogram testing.

<u>Fetal Protection</u>: Pregnant active duty members and DoD employees are seen on a walk-in basis or upon health care provider referral to initiate evaluation for potential fetal hazards in the member's work environment(s). Pregnancy profiles must be accomplished within five (5) days of a positive pregnancy test.

<u>PHA Cell:</u> The PHA Cell provides annual physical health assessments to include medical screening and clinical preventative services counseling to active duty Air Force and Army personnel assigned to our MTF. The PHA Cell uses the Web Based Health Assessment (WebHA) system to ensure specific patient needs are met. Additionally, PHA Technicians provide guidance on several different topics such as nutrition and fitness with the support of the providers. Flyers require a PHA/PCM visit annually. Non-flyers are required to complete the WebHA annually with a PCM visit every three years. PHAs are by appointment only and are scheduled through 434-3326. Please report to Public Health one (1) hour before your scheduled appointment to complete your paperwork and any paraprofessional exams required for your provider visit.

#### RADIOLOGY

Hours: 0730-1630, Monday-Friday; closed for training the first and third Thursday after 1200 CLOSED FROM 1200-1300 DAILY

**Telephone:** (662) 434-2211 **Location:** 201 Independence Dr. Bldg 1100, 1<sup>st</sup> Floor, Main Entrance

• Routine x-rays **ONLY** 

- Requests accepted from
  - military provider
  - civilian provider on a written prescription/order

## **OTHER SERVICES AND INFORMATION**

#### AMERICAN RED CROSS VOLUNTEERS

**Hours:** 0730-1630, Monday-Friday; closed for training the first and third Thursday after 1200 **Telephone:** Contact the Quality Office in the clinic at (662) 434-2292

The American Red Cross has a long tradition of service to the United States military dating back to the Civil War. Its present day service includes the augmentation of hospital staff at US military installations across the globe. At Columbus AFB, Red Cross volunteers serve the 14 MDG in both professional and non-professional roles. Most Red Cross volunteers bring years of experience and training in a health care environment. They are active duty dependents, retired military, retired DOD Civilians, students, and grandparents. Volunteers attend regularly scheduled orientation and job and unit specific training throughout their service. To volunteer in the clinic, contact the Volunteer Coordinator at (662) 434-2292.

LEGAL SERVICES Telephone: (662) 434-7030 Location: 14 FTW Headquarters Eligibility: All active-duty and retired military and their dependents.

Go to <u>https://aflegalassistance.law.af.mil</u> to speed up the process.

# Advanced Medical Directives (Your Legal Rights to Make Decisions about your Medical Treatment):

Many people wish to maintain control over their medical care and the use of life-sustaining technology at the end of life, when they may no longer be able to make such decisions. State laws protect your right to control your medical treatment if you become terminally ill or are otherwise unable to make your own medical decisions. Advance directives are documents, which address these issues and include the Living Will or Declaration and the Durable Power of Attorney for Health Care (DPOAHC). Advance directives presented to the Medical Group must be issued by the state of Mississippi to be valid. Advance directives go into effect only when you are no longer able to communicate your desires to your physician. You may change or revoke an advance directive at any time.

You *are not required* to have an advance directive to receive care at the 14 MDG or any other medical facility. Advance directives allow you to proactively make health care decisions, or designate another adult who knows your health care desires, to make health care decisions for you in the event you become unable to do so.

Medical care decisions involve Informed Consent, meaning your provider has explained the risks, benefits, and alternate treatments (including no treatment), in understandable language and has provided you or your representative with the opportunity to ask questions before a decision is made.

You should also talk to your family and close friends. Your decision is important to them, and they may be able to help you choose between those treatments you wish to receive and those you do not. Many people also speak to their clergymen, attorneys, and other doctors before completing an advance directive.

#### **Declaration to Physicians/Living Will:**

Living Wills permit you to state your wishes ahead of time in case you develop a terminal, irreversible condition that prevents you from making decisions and communicating your wishes. If you do not want to designate another person to make health care decisions for you, or if you have specific treatment instructions you want to have followed, you may create a Living Will or a Declaration in accordance with the laws of your **home** state. You must be at least 18 years old to make a Living Will.

You must sign your living will, or if you are physically unable to sign, ask someone to sign for you. Two witnesses must also sign your living will. Law prohibits employees of the 14 MDG from signing as witnesses.

#### **Durable Power of Attorney for Health Care (DPOAHC):**

As long as you are able to make your own treatment decisions, your doctor will consult with you. However, should you become unable to do so; you may name an "attorney-in-fact" (agent) to make health care decisions for you.

Although you may choose almost any adult as your health care agent, the person you appoint should be familiar with your wishes, values, religious convictions, and personal feelings regarding your personal health care. You may not assign your health care provider, nor may an employee of the 14 MDG act as your agent, unless related to you.

You may also include in your DPOAHC any specific wishes concerning your health care or any specific limitations on the powers of your agent. You should give your agent the original DPOAHC and bring a copy of the DPOAHC to the clinic or any other place you go for medical treatment. Provide a copy to your doctor.

If you wish to make a living will, advanced medical directive, or DPOAHC, the base legal office will assist you.

#### **HELPFUL WEB SITES**

These websites offer high quality patient information on Health and Wellness, Immunization schedules, Disease and Illness information, Special Needs, as well as Retirement, Relocation, Finances, Education, Tax preparation tools and many others topics of interest.

- Tricare OnLine: <u>www.tricareonline.com</u>
  - To allow you to view and manage you and your family's appointments at military hospitals and clinics, refill prescriptions, and view your personal health data through TRICARE Online.
- MiCare: <u>www.afms.af.mil/micare</u>
  - Register as a patient to allow you to securely communicate with your medical care team. You can use MiCare to request appointments, request medication renewals, receive test and lab results, request a copy of your immunization records, access a large

library of patient education materials, and communicate online with your healthcare team about non-urgent symptoms.

- Family Doctor: <u>www.familydoctor.org</u>
  - Click on "check your symptoms" to track your symptoms and come to a possible diagnosis and care recommendation.
- Patient Education Material Web Site: <u>www.uptodate.com</u>
  - Click on "patient info" to receive different levels of patient education materials of varying topics.
- Wellness Resources for the Military Community: <u>www.afterdeployment.org</u>
  - Offers numerous paced solutions to common post-deployment adjustment problems.
- Patient Resource for medical information: <u>www.e-patients.net</u>
  - Offers information and services devoted to promoting the concept of participatory medicine by and among patients, caregivers, and their medical teams.
- U.S. Department of Health and Human Services Health Finder: <u>www.healthfinder.org</u>
  - Offers reliable health information from the Federal government, offering quick guides to healthy living, personalized health advice, and tips and tools to help you and those you care about stay healthy.
- Social Networking Health Site <u>www.patientslikeme.com</u>
  - A data-driven social networking health site that enables its members to share condition, treatment, and symptom information in order to monitor their health over time and learn from real-world outcomes.
- Military One Source <u>www.militaryonesource.com</u>
- Military Home Front <u>www.militaryhomefront.dod.mil</u>

#### FIREARMS AND WEAPONS POLICY

The safety of our patients and staff is a paramount concern in the medical facility. No firearms are allowed inside the 14 MDG. Law enforcement personnel are not allowed to bring their firearms in the facility unless here in the performance of their law enforcement duties.

#### SAFETY HINTS

Protection of our most valued resource, you, is a high priority. Safety, however, is a shared responsibility and requires a conscious effort by all of us.

**Alarms**: When the fire alarm system is activated, patients and staff members must evacuate immediately through the nearest exit. Alarms can be activated by smoking in rest rooms or other secluded areas and may place staff and patients at risk.

**Infection control:** Good hand washing is the simplest and most effective way to prevent the spread of infection. In addition, avoiding those who are ill is also an effective way to stay healthy. <u>Parents</u> <u>should try to avoid bringing well family members into the clinic where they may be exposed to infection. Children should not be brought to the clinic if they do not have an appointment.</u>

#### **SMOKING POLICY:**

It has been proven and extensively documented that use of all tobacco products is injurious to your health. Smoking not only presents a health risk, but also is a major cause of fires. Therefore, the 14 MDG is a smoke-free facility. There are no designated "Smoking Areas" inside the facility. The designated smoking area outside the 14 MDG is in the rear of the facility under the covered patio.

**Eligible Beneficiaries:** Although the following is by no means a complete list of individual's eligible to receive care in a Military Medical Treatment Facility, the following list comprises the majority of patients to whom we are authorized to administer medical treatment.

- Active Duty, retired military personnel, and their family members
- Family members of deceased service members
- Civilian employees for occupational health issues
- All other Status of Forces Agreement (SOFA) personnel

**ROUTINE CARE APPOINTMENTS:** All routine Family Health Clinic and routine Flight Medicine appointments are made through the **Central Appointment Line at (662) 434-CARE (2273)** between the hours of 0700-1700 or on-line at <u>www.tricareonline.com</u>. Physical Therapy initial appointments ordered by referral can be made through the Referral Management Center.

• **AFTER-HOURS/WEEKEND/HOLIDAY:** Call (662) 434-CARE (2273) for NAL or on-call provider consultations.

**Cancellations:** Please be considerate and cancel any appointments you are unable to keep by calling (662) 434-CARE. We ask that you try to do so at least 24 hours in advance. Canceling in advance opens appointments for those who need to be seen and increases availability for everyone. <u>No-shows and chronic last minute cancellations are reported via a no-show letter to the member's commander or first sergeant; both contribute to appointment shortages in the clinic.</u>

**Referral Process:** All referrals begin with your PCM. Please allow up to 7 days to process nonemergent or urgent referrals, as designated by your PCM. Please be sure to stop at the Referral Management Center or contact them by phone once a referral has been entered to activate your referral. The Referral Management Center can also provide assistance with scheduling your appointment or extending an existing referral.

**Retroactive Referrals:** When you need specialty care that your primary care manager (PCM) cannot provide, you must have a referral from your PCM and an authorization from Humana Military Healthcare Services, Inc. (Humana Military) in place before you see a specialist. If you do not get these necessary approvals before receiving care, the claim for this service will be processed under the *point-of-service (POS)* option, meaning that you will have higher out-of-pocket costs, with a deductible and a 50 percent cost-share.

If you try to get a referral or authorization for specialty care **after the care has been received**, it may not be approved. In order for the retroactive authorization to be issued, your PCM must have intended to issue the referral before the specialty care was received. If your PCM did not intend to refer you before you received specialty care, the claim will be processed under the POS option.

There are a few exceptions that <u>do not</u> require referrals or authorizations before seeking care: emergency care (except AD), clinical preventive services from a network provider (except AD), the initial eight behavioral health outpatient visits per fiscal year (Oct 1– Sept 30) to a network provider for a medically diagnosed and covered condition, or if you have other health insurance. If you prefer to access nonemergency specialty care without first obtaining a PCM referral and authorization from Humana Military, contact Humana Military at 1-800-44-5445 or <u>www.humana-miltiary.com</u> or Beneficiary Services for your options. **Note:** Active duty service members must be enrolled in TRICARE Prime.

**Patient Travel:** AD members and TRICARE Prime beneficiaries assigned to a MTF PCM are entitled to travel reimbursement when the below criteria are met:

- Active Duty Members when referred outside the MTF for any specialty care (over 100 miles or outside of the Permanent Duty Station)
- TRICARE Prime beneficiaries when referred outside the MTF for specialty care where you are required to travel 100 miles or more from your PCM location for scheduled appointments

Stop by Beneficiary Services or call (662) 434-2137/2212 for more information before medical appointment for more information.

# TRICARE

For a complete TRICARE reference, visit <u>www.tricare.mil</u> or call **1-800-444-5445**. TRICARE is the health benefit for all seven uniformed services, Air Force, Army, Navy, Marine Corps, Coast Guard, Public Health Service and National Oceanic and Atmospheric Administration.

TRICARE offers a choice of four health care options:

- TRICARE Prime
- TRICARE Extra
- TRICARE Standard
- TRICARE For Life

For personal assistance, call **1-800-444-5445** for enrollment and benefit help. All health care, pharmacy, dental and claims contact information is located at <u>www.tricare.mil/contactus</u>. Beneficiaries can get 24/7 TRICARE benefit information at <u>www.tricare.mil</u> and make enrollment and primary care manager changes, and more online at <u>www.tricare.mil/enrollment</u>.

**TRICARE Prime:** It is mandatory for Active Duty to be enrolled in Prime, with open enrollment year round. For all TRICARE eligible beneficiaries other than active duty service members (AD family members, retirees and their family members), the 20th of the month is the cut-off date for all new enrollments for the following month. After the 20th of the month, enrollment is effective on the first day of the second month.

The TRICARE Prime option provides the most comprehensive health care benefits at the lowest cost of the two TRICARE options available. TRICARE Prime is a managed care option similar to a civilian Health Maintenance Organization (HMO).

The major feature of TRICARE Prime is guaranteed access to care in a timely manner at military treatment facilities or our civilian provider network. Priority for treatment in military hospitals and

clinics will be given to participants enrolled in TRICARE Prime. Furthermore, care will be provided according to strict time standards.

Another key feature of TRICARE Prime is that all enrollees will be assigned a Primary Care Manager (PCM). A PCM is a health care professional or medical team who patients see *first* for their health care needs in order to effectively manage and coordinate all care received. PCMs will refer to either military or civilian medical specialists when patients require services beyond their clinic capabilities.

#### All eligible beneficiaries MUST be properly enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) and they must live in a service area where TRICARE Prime is offered.

For more specific information on TRICARE Prime, go to www.tricareonline.com.

Specialty Care: Prior to seeking specialty care, you must:

- Receive a referral from your PCM. Please note that referrals suggested by one subspecialty provider to another subspecialty provider must be authorized by your PCM.
- Proceed to the Referral Management Center in the MTF to activate your referral.
- <u>**Do Not**</u> go to the specialty appointment without an authorization number from Humana Military Health Services (HMHS).
  - You will receive an authorization letter from Humana Military Health Services (HMHS) (TRICARE Contractor).

The RMC will help you with appointment scheduling.

#### For **Routine Care Appointments**, refer to page 22.

#### **After Hours Care:**

- For true emergencies, call 911 (potential loss of life, limb or eyesight).
- Call (662) 434-CARE (2273) to consult with a provider who will direct your care.
- For non-emergencies, you may be directed to a network facility near your home or the provider may provide home care advice until you can be seen in the clinic.
- If you choose to use a care facility without provider referral or you do not call 434-CARE, you will be subject to Point of Service (POS) charges (out of pocket).

**Out-of-Area Care:** No pre-authorization is required for emergencies. Routine out of area care is not a covered benefit for TRICARE Prime. Urgent care is covered provided you contact your PCM to receive appropriate authorization <u>**PRIOR**</u> to receiving care. Enrolled beneficiaries who seek non-emergency care without prior approval will automatically be using what is called the TRICARE Point-of-Service option. This option requires payment of an annual deductible of \$300 for an individual enrollee or \$600 per family, plus 50 percent or more of visit or treatment fees as of the date of this guide.

Beneficiaries enrolled in TRICARE Prime who require emergency care should seek that care at the nearest civilian or military treatment facility.

**TRICARE On-Line:** TRICARE On-Line (TOL) (<u>www.tricareonline.com</u>) is the Department of Defense's (DoD) online patient–focused portal providing access to available health care services and information that support patient participation in their health and health care. Any DoD beneficiary, age 18 or above, treated at a military treatment facility and/or clinic including active duty and retired service personnel are eligible for a TOL account. Accounts used to access TOL are:

- DoD Common Access Card (CAC)
- Premium DoD Self-Service Logon (DS Logon)
- Defense Finance and Accounting Services (DFAS) myPay

#### What health care information and services does TOL provide?

- **Appointments** Make, change and cancel military hospital or clinic PCM and select selfreferral appointments. View future and past appointments. Set up email and text message reminders. Set earlier appointment notifications. Act on behalf of yourself and your family members.
- **Blue Button** Securely view, download, print or share your lab results, radiology results, medication profile, allergy profile, encounters, problem lists, immunizations, and vital signs.
- **Prescription** (**Rx**) **Refill** Refill your prescriptions for military hospital or clinic pick up. Check your prescription status. Access the TRICARE Mail Order Pharmacy. Act on behalf of yourself and your family members.
- **Profile** Manage your appointment notification and appointment reminder settings. Change your military hospital or clinic location.
- **Resources** Access TOL educational materials and links to other health care information and service websites like TRICARE.mil and Secure Messaging.

#### More on TOL Prescription (Rx) Refill

- **TRICARE Pharmacy Program:** TRICARE provides a world-class pharmacy benefit. All beneficiaries eligible for TRICARE are eligible for the TRICARE Pharmacy Program, including Medicare-eligible beneficiaries age 65 and over, and can fill prescription medications at military treatment facility (MTF) pharmacies, through the TRICARE Mail Order Pharmacy (TMOP), or at retail network and non-network pharmacies. All beneficiaries must have their address and other information updated in the Defense Enrollment Eligibility Reporting System (DEERS). To have a prescription filled; beneficiaries need a written, faxed, or electronically submitted prescription and a valid uniformed services identification card. Medicare-eligible beneficiaries who turned age 65 on April 1, 2001 or later, must be enrolled in Medicare Part A <u>and</u> B.
- **TRICARE Mail-Order Pharmacy (TMOP):** TMOP is available for prescriptions taken on a regular basis. Beneficiaries may receive up to a 90-day supply for most medications. Express Scripts, Inc. administers TMOP. Through this program, beneficiaries mail their health care provider's written prescription, along with the appropriate co-pay, to TMOP and the medications will be sent directly to the beneficiary. Prescriptions may be refilled by mail, phone or online. For more information about how to use TMOP, beneficiaries may visit the TRICARE Web site at <a href="https://www.tricare.osd.mil/pharmacy/tmop.cfm">www.tricare.osd.mil/pharmacy/tmop.cfm</a>, or contact TMOP member services at (866) DOD-TMOP (866) 363-8667) within the United States, or toll-free (866)

ASK-4PEC (866) 275-4732) outside the United States. They may also visit the Express Scripts Web site at <u>www.express-scripts.com</u>.

**TRICARE Standard:** With TRICARE Standard, eligible beneficiaries may choose any physician they want for health care, and the government will pay a percentage of the cost. This option permits the most flexibility but may be the most expensive, particularly if the physician's fees are higher than the allowable amounts. The potential costs of TRICARE Standard are available at <u>www.tricareonline.com</u>.

- Greatest flexibility in choosing health care providers
- Most convenient when traveling or away from home
- Potentially most expensive of all options
- Enrollment not required
- Space-available care in military hospitals/clinics possible, but at low priority

For more specific information on TRICARE Standard, please visit <u>www.tricareonline.com</u>.

**VALUE OPTIONS:** For assistance with Network Mental Health providers, please call Value Options at 1-800-700-8646.

**DEPENDENT PARENT(S)/DEPENDENT PARENT(S)-IN-LAW:** DEERS eligible dependent parents and parents-in-law (DP/DPIL) are entitled to care in any military medical treatment facility (MTF) and will be seen on a space available basis. Military sponsors with DPs/DPILs must understand that when the MTF cannot provide the necessary care, their DPs/DPILs may be referred to a civilian facility. <u>DPs/DPILs are NOT eligible for TRICARE benefits</u>; therefore, payment of the bill will be the SPONSOR'S responsibility.

# MISCELLANEOUS

For more information regarding civilian accreditation: <u>http://www.aaahc.org</u> or <u>http://www.ncqa.org</u>

For more patient safety information: <u>http://psnet.ahrq.gov</u> or <u>http://www.npsf.org</u>

NOTES: \_\_\_\_\_

#### **References:**

MDGI 44-101, Plan for Provision of Care MDGI 44-123, Ethical Code of Practice MDGI 51-501, Advance Directives MDGI 46-214, Telephone Nursing Practice MDGI 41-202, Referring Patients to Other Sources of Medical Care MDGI 41-210, Use, Maintenance, and Security of Medical Records

#### TRICARE Handbook

AFMS Public Site - Columbus AFB: http://airforcemedicine.afms.mil/14mdg



www.facebook.com/14 MDG