



20th Medical Group

Patient Handbook

2015-2016

FROM THE COMMANDER



Welcome to your medical home! The professionals of the 20th Medical Group are dedicated to providing you the best health care services possible.

Safe, high quality health care through your Patient Centered Medical Home includes a responsive appointment system, a prompt and accurate pharmacy service, comprehensive primary care, and health education promotion programs that extend out to our community. We strive to provide these services and select specialty care. Critical to our effort, we rely on your help to identify areas for improvement through questionnaires and suggestions through our Customer Feedback Program. These tools help us to constantly re-evaluate the methods and types of services we provide. We invite and encourage you to take an active role in sharing your feedback.

Again, welcome to the 20th Medical Group! We look forward to partnering with you for all of your healthcare needs.

A handwritten signature in black ink, appearing to read "C. Prichard". The signature is stylized and cursive.

CURT B. PRICHARD, Col, USAF, MSC, FACHE
Commander, 20th Medical Group

ABOUT THE 20TH MEDICAL GROUP

The 20th Medical Group (20 MDG) provides ambulatory medical and dental services to the 20th Fighter Wing, Headquarters 9th Air Force, USAFCENT, USARCEN, Shaw associate units and thousands of military retirees in the area. Our range of services include pediatrics, family health, flight medicine, limited gynecological services, oral surgery, general dentistry, periodontics, prosthodontics, physical therapy, optometry, mental health, family advocacy, laboratory, pharmacy, public health, radiology, health & wellness, and immunizations. All care not performed at Shaw AFB is arranged through referrals to a robust network of military hospitals and TRICARE civilian medical resources in the surrounding communities. We are fortunate to be supported by extremely high caliber medical services and most specialties within a reasonable distance of the base.

Mission Statement

Prepare, Prevent, Heal, Deploy. . . Anytime, Anywhere.

Vision Statement

An Empowered Team Providing A Healthcare Experience
Second to None.

Medical Group Organization

The 20th Medical Group is comprised of four squadrons:

- 20th Aerospace Medicine Squadron
- 20th Medical Operations Squadron
- 20th Medical Support Squadron
- 20th Dental Squadron

Key telephone numbers for the Medical Group are listed inside the back cover of this handbook.

The single access telephone number for the 20 MDG is [\(803\) 895-CARE \(2273\)](tel:8038952273).

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HOW TO SCHEDULE/CANCEL APPOINTMENTS

Scheduling Appointments

You can schedule your appointment by phone, or online through either TRICARE Online (TOL), or MiCARE (Relay Health).

In the event of an emergency, immediately call 911 or go to the nearest emergency room.

By Phone

Appointments are available by calling:

[\(803\) 895-CARE \(2273\)](tel:8038952273)

Listen to the phone tree menu and select the appropriate clinic.
0700 – 1600, Monday through Friday

Our long distance patients can also call by dialing our toll free number:
[1-877-796-Care \(2273\)](tel:18777962273)

TRICARE Online (TOL)



TOL is the Department of Defense's online patient-focused portal providing you access to online health care information and services including appointments, Blue Button personal health data, and prescription refill.

TOL is located at <https://www.tricareonline.com> and can be accessed by:

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

TOL provides the following health care information and services:

- Appointments - Make, change and cancel military hospital or clinic PCM and select self-referral appointments. View future and past appointments. Set up email and text message reminders. Set earlier appointment notifications.
- 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.
- 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 MiCare.
- Service Separation - Access medical information and services designed for service members separating from active duty or the reserves. Information includes how to file a preseparation claim, schedule your Separation History and Physical Examination (SHPE), and more.

MiCARE (Relay Health)



MiCARE Secure Messaging is an online service that allows patients to take command of their healthcare by offering efficient electronic exchange between patients and their healthcare team. Secure messaging is the only form of electronic communication approved by the DOD. Personal medical business cannot be communicated through email.

MiCare allows patients to:

- Request their next appointment
- Request medication renewals
- Receive test and lab results
- Communicate online with the healthcare team about non-urgent symptoms

- Request a copy of their immunization records
- Access a large library of patient education materials
- Avoid the annoyance of waiting in phone trees and playing “phone tag”

With MiCARE you can receive a variety of messages. These messages include provider initiated messages, responses to your inquiries with advice on non-urgent matters, and reminder messages for appointments. MiCARE is implemented Air Force-wide, so once registered; you will remain in the system--no matter where the Air Force takes you.

To enroll in MiCare, contact your Primary Care Team, or visit <https://app.relayhealth.com/registration.aspx>

No Show Policy

An appointment is designated a No-Show when a patient does not keep a scheduled appointment or cancels less than two hours prior to a scheduled appointment. Appointments before 0900 need to be cancelled prior to the close of business the previous duty day. A patient who fails to provide notification as specified above is considered a No-Show. Additionally, commanders may be notified of No-Shows of Active Duty members under their command.

LOCAL MEDICAL SERVICES IN THE NETWORK



Tuomey Healthcare System
129 North Washington Street
Sumter, SC 29150
(803) 774-9000
www.tuomey.com/



Faster Care
3440 Declaration Boulevard
Sumter, SC 29154
(803) 905-3278
www.fastercaresumter.com/



Doctors Care
2475 Broad Street
Sumter, SC 29150
(803) 778-6555
<http://www.doctorscare.com/>



Colonial Family Practice Urgent Care
325 Broad Street,
Sumter, SC 29150
(803) 773-5227
<http://www.colonialfamilypractice.com/>

CARE AFTER HOURS/CARE OUTSIDE THE MTF

Emergency Care

TRICARE defines an emergency as a serious medical condition that the average person would consider to be a threat to life, limb, sight, or safety. If you have an emergency, call 911 or go to the nearest emergency room. You do not need to call your PCM or regional contractor before receiving emergency medical care. However, in all emergencies, your PCM must be notified within 24 hours or on the next business day following admission to coordinate ongoing care and to ensure you receive proper authorization.

For emergency dental care, the on-call dentist can be reached at [\(803\) 895-CARE \(2273\)](tel:8038952273).

After Hours and the Nurse Advice Line (NAL)

With the Nurse Advice Line, most TRICARE beneficiaries can now access a team of registered nurses by telephone for advice about immediate health care needs. The Nurse Advice Line, available at no cost to beneficiaries, helps callers make informed decisions about self-care at home or when to see a health care provider. The Nurse Advice Line is available 24 hours a day, 7 days a week.

For pediatric issues, the Nurse Advice Line routes your call to a nurse who has special pediatric training. For quality and safety purposes, you will be asked to have your child present for the call so the nurse can perform an accurate assessment. If you want a follow-up call, the Nurse Advice Line calls you back to check on your child.

Call the Nurse Advice Line at [1-800-TRICARE \(1-800-874-2273\)](tel:18008742273) and select option 1 for help with urgent care questions.

Urgent Care

Urgent Care services are medically necessary services required for an illness or injury that would not result in further disability or death if not treated immediately, but does require professional attention within 24

hours. If urgent care treatment cannot wait until you return home to see your PCM you must call the NAL and or your nurse for a referral prior to going to an urgent care clinic. Patients are to call Humana Military [1-800-TRICARE \(1-800-874-2273 option 1\)](tel:1-800-874-2273) or your PCM nurse at [\(803\) 895-CARE \(2273\)](tel:803-895-CARE) to be triaged prior to going to urgent care.

Referrals

Under TRICARE Prime, your PCM will provide referrals for you to receive services from specialty care. You and your PCM will be notified of your authorized referral within 10 business days. Notification will either be by phone or in writing. You can also check on your authorization, 24-hours a day by calling [1-800-444-5445](tel:1-800-444-5445) or by logging onto www.humana-military.com and registering for beneficiary services. If you seek care from a non-network TRICARE-authorized provider without a referral from your PCM or prior authorization from your regional contractor, you are using the point-of-service (POS) option, resulting in higher out-of-pocket costs.

Note: ADSMs always require referrals for any civilian care, including clinical preventive services, mental health care, and specialty care.

Out of Area Care Procedures

As a TRICARE Prime enrollee, you are covered by TRICARE if you become ill or injured while traveling stateside or overseas. Follow these guidelines to receive maximum TRICARE benefits at the lowest cost.

Keep your DEERS information up to date - Keep all Defense Enrollment Eligibility Reporting System (DEERS) information current for you and your family members. Otherwise, care may be denied or claims payment delayed.

Get routine care before you travel - Routine care, which includes general office visits for treatment and ongoing care, should be handled before you travel or postponed until you return. You must obtain all routine care from your primary care manager (PCM) unless you have been referred to another provider. Routine dental care is not authorized while traveling.

Definitions and Examples of Types of Care

Type of Care	Definition	PCM Role	Examples
Emergency	A serious medical condition that the average person would consider to be a threat to life, limb, sight, or safety.	You do not need to call your primary care manager (PCM) before receiving emergency medical care. Your PCM must be notified within 24 hours or on the next business day following admission.	No pulse, severe bleeding, spinal cord or back injury, chest pain, broken bone, inability to breathe.
Urgent	Medically necessary services required for an illness or injury that would not result in further disability or death if not treated immediately, but that require professional attention within 24 hours.	Call your PCM first for appropriate guidance. For after hours guidance, call the NAL at 1-800-TRICARE (1-800-874-2273) Urgent care services require a referral if you do not see your PCM for care.	Minor cuts, migraine headache, urinary tract infection, sprain, earache, rising fever.
Routine	General health care and includes general office visits. Routine care also includes preventive care to help keep you healthy.	You will receive most of your routine care from your PCM.	Treatment of symptoms, chronic or acute illnesses and diseases, follow-up care for an ongoing medical condition.
Specialty Care	Medical services provided by a physician specialist. Specialty care providers offer treatment that your PCM cannot provide.	Your PCM will refer you to another health care provider for care he or she cannot provide and will coordinate the referral with your regional contractor when necessary.	Cardiology, dermatology, gastroenterology, obstetrics.

ELIGIBILITY

For ADSMs located in areas where TRICARE Prime is available, enrollment in TRICARE Prime is mandatory. Active duty family members (ADFM) and retirees and their family members may also enroll in TRICARE Prime if they live in a PSA.

For more information about beneficiary categories, visit www.tricare.mil/eligibility. Your DEERS information, including your residential address and, if applicable, a separate mailing address, must be accurate and current. Otherwise, you may not be eligible to enroll in TRICARE Prime.

To substantiate eligibility for health care, all patients must be enrolled in DEERS, and present a valid military identification (ID) card (if 10 years of age or older) to clinic personnel before receiving health care. Patients who have neither a valid ID card nor DEERS enrollment may be subject to denial of health care and/or billed for services. These patients will be required to sign a statement of eligibility certifying they are eligible beneficiaries; they must prove eligibility status within 30 days or pay the Air Force an established rate for the health care furnished. Patients requiring emergency treatment are treated immediately and questions regarding eligibility are addressed after the emergency is resolved.

DEERS information may be updated in one of the following ways:

- Online at <https://www.dmdc.osd.mil/appj/address/index.jsp>.
- In person at the Shaw AFB Military Personnel Section located with the Military Personnel Flight (MPF) in Bldg 1118. Their customer service can be reached at (803) 895-1596.
- Call the Defense Manpower Data Center Support Office at 1-800-538-9552. Hours of operation are Monday–Friday, 5:00 a.m.–5:00 p.m. (PT), except on federal holidays.
- Fax changes to DEERS at 1-831-655-8317. The sponsor’s DoD Benefits Number and/or Social Security number must be included with the faxed documents.
- Mail changes to:
Defense Manpower Data Center Support Office
400 Gigling Road
Seaside, CA 93955-6771

TRICARE PRIME ENROLLMENT

20 MDG Specific Enrollment Policy

TRICARE Prime patients who live within a 30 minute drive (20 mile) radius of the 20th Medical Group are mandated to enrolling to the 20 MDG. There are times though, when certain beneficiary categories or age groups may have the option to enroll into the network. Contact our regional contractor, Humana Military at [1-800-444-5445](tel:1-800-444-5445) for more specific guidance on current enrollment rules.

TRICARE Enrollment Programs



Beneficiary Type	Program Options
Active Duty Service Members*	TRICARE Prime TRICARE Prime Remote (TPR) TRICARE Active Duty Dental Program
Active Duty Family Members	TRICARE Prime ** TRICARE Prime Remote for Active Duty Family Members (If sponsor is TPR) TRICARE Standard and TRICARE Extra TRICARE For Life (TFL) TRICARE Dental Program (TDP) **
Retired Service Members and eligible family members	TRICARE Prime ** TRICARE Standard and TRICARE Extra TRICARE For Life (TFL) TRICARE Retiree Dental Program (TRDP) **

TRICARE Program Descriptions

Program	Description
TRICARE Prime	Similar to a managed care or health maintenance organization option Available to active duty service members, active duty family members, retirees, their families, survivors, and qualifying former spouses in specific geographic areas
TRICARE Prime Remote	Benefit similar to TRICARE Prime for Active Duty Service Members living and working in remote locations and the eligible family members residing with the sponsor
TRICARE Standard	Fee-for-service option available worldwide to eligible non-Active Duty Service Members
TRICARE Extra	Preferred provider option in areas with established TRICARE networks
TRICARE For Life (TFL)	TRICARE's Medicare wraparound coverage available to TRICARE beneficiaries entitled to Medicare Part A and who have Medicare Part B, regardless of age or place of residence
TRICARE Young Adult (TYA)	Premium-based health care plan available for purchase by qualified adult-age dependents who have aged out of TRICARE benefits **
TRICARE Dental Program	Benefit administered by MetLife Voluntary enrollment and worldwide portable coverage Single and family plans with monthly premiums Comprehensive coverage for most dental services
TRICARE Retiree Dental Program	Benefit administered by Delta Dental of California Voluntary enrollment and worldwide portable coverage Single and family plans with monthly premiums

*Active duty MUST be enrolled in TRICARE Prime. TRICARE will determine if AD meets requirement for TPR or TRICARE Active Duty Dental Program

** Must physically enroll in program. Enrollment is not automatic.

TRICARE Prime Benefits

There are no enrollment fees for active duty service members and their family members. Retired service members and their eligible family members, surviving spouses after the first three years, eligible former spouses, and others pay TRICARE Prime enrollment fees, which are applied to the annual catastrophic cap. Prime patients **MUST** first have an approved referral by PCM prior to seeing most specialists.

Additionally, TRICARE Prime members benefit from:

- Priority access for military hospitals and clinics
- No claims to file (in most cases)
- Retirees, their families, survivors, and qualifying former spouses pay annual enrollment fees
- Offers lowest out-of-pocket costs

Point-of-Service Option (POS)

The POS option gives you the freedom, at an additional cost, to receive nonemergency health care services from any TRICARE-authorized provider without requesting a referral from your PCM. POS programs include TRICARE Standard and TRICARE Extra. For cost details, visit www.tricare.mil/costs.

The POS option does not apply to the following:

- Active duty service members
- Newborns or newly adopted children in the first 60 days (120 days overseas) after birth or adoption
- Emergency care
- Clinical preventive care received from a network provider
- Beneficiaries with Other Health Insurance (OHI)
- The first eight outpatient mental health care visits per FY to a network provider authorized under TRICARE regulations to see patients independently for a medically diagnosed and covered condition

Enrolling and Managing Your TRICARE Prime Enrollment

You can initially enroll, or transfer your TRICARE Prime enrollment by phone, online, or by mail.

By Phone

If you are an active duty service member, active duty family member, or retiree who has just moved to Shaw AFB or the surrounding area, the easiest way to transfer your TRICARE Prime enrollment is to call our regional contractor to begin the process. Our Regional Contractor, Humana Military, will help you transfer to a local primary care manager (PCM). You can reach Humana Military by calling **1-800-444-5445**.

Online

You may also transfer your enrollment online using the Beneficiary Web Enrollment (BWE) Web site. For more information or to access BWE, visit www.tricare.mil/bwe and use one of the following to log on:

- Valid Common Access Card
- Defense Finance and Accounting Service myPay PIN
- Department of Defense Self-Service Logon

By Mail

You may transfer your TRICARE Prime enrollment by completing the TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form (DD Form 2876) and mailing it to Humana Military at:

Humana Military
Attn: PNC Bank
P.O. Box 105838
Atlanta, GA 30348-5838

The DD Form 2876 is available here: <http://www.tricare.mil/pcm>

Network Copayments

ADSMs do not pay any out-of-pocket costs for care. ADFMs, when enrolled in TRICARE Prime, generally do not pay out-of-pocket for their care except when using the Point of Service option. Retired service members, their families, and all others pay the following copayments for care from TRICARE network providers. These costs are for care from civilian providers or for care received with a PCM referral when required.

For additional cost details, visit www.tricare.mil/costs.

Costs for Retirees, Their Families, and All Others

Type of Care	Network Copayment
Ambulance Services	\$20 per occurrence
Ambulatory (<i>same day</i>) Surgery	\$25 per visit
Mental Health	Outpatient: \$25 (<i>individual visit</i>); \$17 (<i>group visit</i>) Hospitalization: \$40 per day (<i>no charge for separately billed professional charges</i>)
Clinical Preventive Services	\$0 per visit
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	20% of the negotiated fee
Emergency Room Visit	\$30 per visit
Home Health Care	\$0
Hospice Care	\$0
Hospitalization	\$11 per day (<i>\$25 minimum</i>)
Lab and X-ray Services	\$12 per visit (<i>unless billed as a clinical preventive service</i>)

DENTAL



Active Duty Dental Care

Active duty service members (ADSMs) receive dental care with the 20 MDG at the Dental Clinic (bldg 1046). The 20 DS provides comprehensive dental care to active duty personnel in an effort to ensure Shaw AFB is “dentally ready” for worldwide duty. To schedule an appointment, please call (803) 895-6988 or you may make it in person.

After hours urgent care is available 24 hours/7 days a week. To contact the on call provider, please call (803) 895-CARE.

TRICARE Dental Program

The TDP is a voluntary dental program administered by MetLife for eligible active duty family members and eligible National Guard and Reserve members and their family members. To be eligible to enroll in the TDP, your sponsor must have at least 12 months remaining on his or her military service commitment at the time of enrollment. There is a small monthly cost associated with the TDP.

There are three ways to enroll in the TDP:

- Online: Visit www.tricare.mil/bwe to access the Beneficiary Web Enrollment (BWE) Web site.
- Phone: Contact a MetLife customer service representative: 1-855-MET-TDPI (1-855-638-8371)
- Mail: Download the Enrollment/Change Authorization For TRICARE Dental Program document available at www.tricare.mil/forms. Mail the completed document along with the initial premium payment (check, money order, or credit card) to:
TRICARE Dental Program Enrollment and Billing Services
P.O. Box 14185
Lexington, KY 40512

Enrollment in the TDP may be through a single plan or a family plan. MetLife offers an extensive network of dentist locations. Remember to check if your dentist is in the network before receiving care. Access MetLife Online at <https://mybenefits.metlife.com/tricare> to find a dentist, check on a claim and view plan details. Call MetLife at 1-855-MET-TDP1 (1-855-638-8371) for general inquires, billing assistance, add/remove beneficiary or to request TDP benefit materials.

TRICARE Retiree Dental Program

The TRDP is a voluntary dental program. The dental benefit is administered by Delta Dental of California (Delta Dental) and is available to retirees and their eligible family members worldwide and National Guard and Reserve retirees until reaching age 60. The TRDP requires a 12-month minimum commitment, during which only limited services are available. After an initial enrollment period of 12 consecutive months, new enrollees may continue program enrollment on a month-to-month basis, and will have access to the full scope of TRDP benefits. New retirees who enroll within four months of retirement will not have a 12-month wait to be eligible for the full scope of benefits. TRDP premium rates will change slightly on October 1 of each benefit year. To determine your current premium rate, visit www.trdp.org or call customer service at 1-888-838-8737.

There are two ways you can enroll in the TRDP:

- Online: The sponsor may enroll online using a credit card for the initial premium payment by accessing the BWE Web site at www.tricare.mil/bwe.
- Mail: The TRDP Enrollment Application can be downloaded from the TRDP Web site at www.trdp.org. Return the signed and completed enrollment application along with the initial premium payment to:

Delta Dental of California
Federal Government Programs
P.O. Box 537008
Sacramento, CA 95853-7008

VISION CARE

Active Duty Service Members

Active duty service members (ADSMs) are enrolled in TRICARE Prime and must receive all vision care at military hospitals or clinics unless specifically referred by their primary care managers (PCMs) to civilian network providers.

Active Duty Family Members

Active duty family members (ADFM) are entitled to one annual routine eye examination. ADFMs enrolled in TRICARE Prime may receive their annual routine eye examinations from network providers without referrals or prior authorizations. ADFMs covered by TRICARE Standard and TRICARE Extra may receive their annual eye examinations from any TRICARE authorized providers (network or non-network).

Retirees/Retiree Family Members

For retired service members and their family members enrolled in TRICARE Prime, routine eye examinations from network providers are covered without referrals or prior authorizations once every two years. Routine eye examinations are not covered for TRICARE Standard and TRICARE Extra retirees or their family members, except for eye examinations allowed under the well-child benefit.

PHARMACY



TRICARE Pharmacy Program

The TRICARE Pharmacy Program provides prescription drugs through military pharmacies, TRICARE Pharmacy Home Delivery, and TRICARE retail network and non-network pharmacies.

For detailed information about your pharmacy benefit and to download the TRICARE Pharmacy Program Handbook, visit www.tricare.mil/pharmacy or www.express-scripts.com/TRICARE. Express Scripts, Inc. (Express Scripts) administers the TRICARE pharmacy benefit, which includes retail network pharmacies in the United States, TRICARE Pharmacy Home Delivery, and stateside specialty pharmacy services.

20 MDG Pharmacy

The 20 MDG Pharmacy dispenses medications upon receipt of a written prescription from a military or civilian provider. New and existing prescriptions from 20 MDG providers are filled at the main pharmacy. The 20 MDG Satellite Pharmacy will gladly fill civilian provider prescriptions.

If you receive your care from a civilian provider, please come by the Pharmacy and pick up a list of medications stocked at the 20 MDG Pharmacy or access our formulary online at www.shaw.af.mil/units/medicalservices/index.asp. Prescription refills and civilian prescriptions are filled at the BX Satellite Pharmacy.

Pharmacy hours of operation are:

- Main Pharmacy Monday-Friday: 0745 - 1700 hrs.
- Satellite Pharmacy Monday-Friday: 0900 – 1700 hrs.

Both Pharmacy locations are closed on Sat/Sun/Holidays/Wing Down Days

The satellite Pharmacy has a convenient call-in refill service. Refills called in before 1200 are ready the next duty day. Refills called in after 1200 are ready within two duty days. The phone numbers for this system are [895-6678](tel:895-6678) or toll free at [1-877-796-2273](tel:1-877-796-2273).

TRICARE Pharmacy Home Delivery

TRICARE Pharmacy Home Delivery is your least expensive option when not using a military pharmacy for your maintenance medications, which are medications you use on a regular basis for chronic health conditions (e.g., high cholesterol, high blood pressure). You can receive up to a 90-day supply of maintenance medications delivered directly to your home. The Express Scripts Member Choice Center is available at [1-877-363-1433](tel:1-877-363-1433) to help you switch prescriptions to the convenient, cost-effective home delivery option. You can enroll online or by phone:

- Online: Visit www.express-scripts.com/TRICARE and select “Create Your Account” in the top left corner of the Web page. Once you have created your account, you can view your medications in the “Prescriptions” section of the home page. To transfer prescriptions you currently fill at a retail pharmacy to TRICARE Pharmacy Home Delivery, click “Transfer to Home Delivery.” Express Scripts will then contact your provider for a new 90-day prescription with refills that you will receive in the mail. Express Scripts recommends having at least a 30-day supply of medication while your first order is processed.
- Phone: Call [1-877-363-1433](tel:1-877-363-1433) and a patient care advocate will work with your health care provider to transfer your maintenance medications to home delivery. Please have your prescription bottle handy.

CLAIMS/BENEFITS COUNSELING

Filing Claims

In most cases, you do not need to file claims for health care services. However, there may be times when you will need to pay for care up front and then file a claim for reimbursement. You will be reimbursed for TRICARE-covered services at the TRICARE-allowable charge, less any copayments, cost-shares, or deductibles.

To file a claim, obtain and complete a TRICARE DoD/CHAMPUS Medical Claim—Patient’s Request for Medical Payment form (DD Form 2642). You can download DD Form 2642 from the TRICARE Web site at www.tricare.mil/forms.

When filing a claim, attach a readable copy of the provider’s bill to the claim form, making sure it contains the following information:

- Patient’s name
- Sponsor’s Social Security number (SSN) or Department of Defense Benefits Number (DBN) located on the back of the sponsor’s Common Access Card (CAC) (eligible former spouses should use their own SSN or DBN, not the sponsor’s)
- Provider’s name and address (if more than one provider’s name is on the bill, circle the name of the provider who delivered the service for which reimbursement is requested)
- Date and place of each service
- Description of each service or supply furnished
- Charge for each service
- Diagnosis (if the diagnosis is not on the bill, complete block 8a on the form)

Coordinating Claims with Other Health Insurance

Keep Humana Military and health care providers informed about your OHI so they can better coordinate your benefits and prevent claim-payment delays (or denials). Visit www.tricare.mil/ohi to update your OHI information. Follow your OHI’s rules for filing claims first. If there is a billed amount your OHI does not cover, you can file a claim with TRICARE. After your OHI pays its portion, submit a copy of your EOB and a copy of the itemized bill with your TRICARE claim. Note:

TRICARE is the last payer to all health care benefits and insurance plans, except for Medicaid, TRICARE supplements, the Indian Health Service, and other programs and plans identified by the Defense Health Agency. National health insurance programs overseas are considered OHI.

Additionally, under the U.S. Code, Title 10, military treatment facilities are authorized to bill health insurance carriers (i.e. Blue Cross Blue Shield, Aetna, etc.) for the cost of medical care provided to health care beneficiaries who are covered by these programs. Health insurance does not include TRICARE, Medicare or any of their supplemental programs.

You will be asked if you have OHI when you schedule an appointment and upon arrival at the clinic. The Clinic will verify and update your information with the Electronic 2569 (E2569) on file. If a current E2569 is not on file, the information will be asked so a new E-2569 file can be generated. OHI information is used to certify whether or not you have civilian health insurance. If a health insurance program covers you, you will be required to provide your policy number and any other related information. Carry your cards with you to make the process faster.

For additional information on OHI, please contact the Resource Management office at [\(803\) 895-6306](tel:8038956306).

Appeals

You may appeal the denial of a requested authorization of services, as well as TRICARE decisions regarding claims payments, by submitting an appeal to your regional contractor. For additional information, visit www.tricare.mil/appeals.

Beneficiary Counseling and Assistance Coordinator (BCAC) and Debt Collection Assistance Officer (DCAO)

The BCAC/DCAO provides assistance to beneficiaries with questions and/or medical claims issues. The Health Benefits staff will assist all eligible beneficiaries to include those with Prime, Standard and Extra coverage. Simply call [\(803\) 895-6230](tel:8038956230) or stop by Building 1051 for assistance.

PATIENT RIGHTS AND RESPONSIBILITIES

Patient Rights

As a Patient, You have the Right to:

- Receive emergency 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.
- Timely, considerate, and respectful care at all times and under all circumstances.
- An environment of shared respect which is free from discrimination.
- Accurate information about the TRICARE program to include covered health benefits and health plan options.
- A choice of healthcare providers, either within the TRICARE Prime network or the Military Treatment Facility (MTF).
- 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 of each of these options.
- Refuse care as allowed by law.
- Privacy and protection of your personal health information.
- Communicate with healthcare providers in confidence as allowed by law and regulation.
- Review and obtain a copy of your own medical records through the release of information request.
- Request amendments to your records, within specific legal limits.
- A fair and efficient process to appeal medical necessity decisions by your MTF or by TRICARE that includes both internal review and independent external review.
- To discuss complaints with your provider or Patient Advocate.
- Contact a TRICARE Debt Collection Assistance Office if unable to pay fees.
- Review a provider directory maintained in Managed Care to assist with understanding your provider’s education and training and

- selecting a Primary Care Manager.
- Review publicly-reported MTF quality measures

Patient Responsibilities

As a Patient, you are Responsible to:

- Have respect for the rights of other patients and MTF staff.
- Become educated about TRICARE coverage, options, and rules, to include required fees.
- Tell your healthcare professional everything you know about your illness or condition, past healthcare, any and all medications or supplements you are taking, and any legal healthcare directives that affect your care.
- Inform the provider 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 treatment plan(s), which is established by your provider.
- Provide an adult attendant if required by your healthcare team.
- Maximize healthy habits, such as increased exercise and a healthy diet as well as reduced tobacco use and not knowingly spreading disease.
- Accept the consequences if you refuse to follow the plan of care.
- Keep appointments or call to change or cancel them at least 24 hours in advance.
- Report wrongdoing and fraud to appropriate authorities.
- If you have any questions regarding your rights and responsibilities please talk with your healthcare provider or the respective Department Patient Advocate.

Patient Privacy Rights

Congress recognized the need for national patient record privacy standards and enacted the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which became effective 14 April 2003. This law included provisions designed to save money for health care businesses by encouraging electronic standards, but in the process required new safeguards to protect the security and confidentiality of the information. Patient's rights include:

- A written notice of privacy practices from health plans and providers. To access the MHS policy practices, contact the privacy officer at any DoD Medical Treatment Facility or go to this website: <http://www.tricare.mil/tma/hipaa>
- Right to access, review and request correction of and obtain a copy of your protected health information (PHI), such as your medical record.
- Right to an accounting of certain disclosures of your PHI.
- Right to request restriction of uses and disclosure of PHI.
- Right to file a complaint regarding privacy infractions

The 20th Medical Group will serve as your advocate for privacy issues and the proper dissemination of your health care information in compliance with the HIPAA legislation. The Privacy Officer can be reached at (803) 895-6455 for any concerns or assistance you may require.

Patient Advocate Program

The Patient Advocate Program is designed to ensure you are satisfied with your medical care. Through this program, the 20th Medical Group provides an immediate response to your concerns. Contact the patient customer service representative in the area where you have a concern. His or her name and photograph are posted in the waiting room. If your problem is not addressed to your satisfaction, you may also speak with the OIC or NCOIC, who will try to answer your questions or work with you towards a solution before you leave the clinic.

Another avenue to express any concern is the 20th Medical Group Patient Advocate Office, where your concern will be documented and sent for review. All patient complaints should be in written form and signed by the patient, which will allow clear communication and accountability. You may also call the Patient Advocate Office during normal duty hours at 803-895-6817.

Customer Feedback

The men and women of the 20th Medical Group strive to provide excellent quality care. We would like to know your concerns and how you feel about the service you receive while visiting our facility. Please take a moment to comment on the care provided by filling out our

customer comment cards available in the clinic waiting areas. You may also use your smart phone to scan the QR image on any comment card box and take a web survey at your convenience. This survey is called the Interactive Customer Evaluation (ICE) survey. Other avenues to provide feedback include the Service Delivery Assessment (SDA) and e-mail surveys to evaluate your dental experience.



OTHER IMPORTANT INFORMATION

Health Record Custody Policy

In accordance with DoD policy, medical records are the property of the United States Government, and it is the responsibility of the 20th Medical Group to maintain the record while each patient is a beneficiary of this medical treatment facility. The health record is an important record which provides a current, concise and comprehensive account of an individual's medical history. If the record is not available to our medical personnel, valuable medical documents may be lost and part, if not all, of the patient's medical history may be missing.

When you receive care from civilian providers, ask them to send copies of any treatment provided to the MTF for inclusion in your outpatient record. These documents will give our providers valuable information about your medical condition and will improve their ability to provide quality health care.

How to Obtain a New TRICARE Card

When you enroll in a TRICARE health plan, you usually get a welcome letter and a wallet card for your plan. Each family member will get their own card.

If you need a new wallet card:

- Log in to the Beneficiary Web Enrollment website: <http://www.tricare.mil/bwe> —click on the "request enrollment card" icon
- If you signed up for eCorrespondence through MilConnect, log in to MilConnect: www.dmdc.osd.mil/milconnect/ and request a new card
- If you aren't already signed up for eCorrespondence through MilConnect, you can log in to your MilConnect account and update your preferences to get eCorrespondence
- Call our regional contractor, Humana Military (1-800-444-5445), to ask for a new wallet card

TRICARE Standard and TRICARE For Life

You won't get an enrollment or wallet card if you're using TRICARE

Standard and Extra, or TRICARE For Life. All you need is your uniformed services ID card.

*Please note that network providers may ask to make a copy of your military ID card. This is an acceptable practice and patients should comply with the request. Your ID card is utilized in the same manner as your insurance card.

Affordable Care Act

With the implementation of the Patient Protection and Affordable Care Act (ACA) in 2010, TRICARE beneficiaries may have questions about how it would affect them. The ACA and TRICARE are very different, governed by two different pieces of legislation so changes in one have no effect on the other.

The intent of the Affordable Care Act, was to provide affordable health insurance options to everyone. This is the first major difference between TRICARE and the ACA. TRICARE is not health insurance; it is a federal health care entitlement program only for eligible uniformed service members, retirees and their families.

The ACA required a set of minimum essential benefits for commercial health insurance. Before the passage of the ACA, TRICARE had already provided most of these benefits such as cost-free screenings, vaccinations and counseling. One ACA provision not previously addressed by TRICARE was to allow children to remain on their parent's health insurance up to age 26. The 2011 National Defense Authorization Act created the authority to implement the TRICARE Young Adult (TYA) program. TYA is a premium based program that restores TRICARE coverage to adult children up to the age of 26 after they lose their TRICARE coverage due to age.

TRICARE is a benefit established under law as the health care program for the uniformed services, retirees and their families. The ACA did affect change in health care coverage for many Americans, but the legislation did not apply directly to TRICARE. For more information, visit the TRICARE website.

DIRECTORY

20 th Medical Group	www.shaw.af.mil/units/
20 th Medical Group Facebook	www.facebook.com/20thmedicalgroup
Aerospace Physiology	(803) 895-6791
Appointments	(803) 895-CARE (2273) 1-877-796-CARE (2273)
Beneficiary Counseling and Claims Assistance	(803) 895-6230
Bioenvironmental Engineering	(803) 895-6196
DEERS Update (Shaw Military Personnel Section)	(803) 895-1596
Dental Services	(803) 895-6988
Exceptional Family Member Program (EFMP)	(803) 895-6776
Family Advocacy	(803) 895-6201
Flight Medicine	(803) 895-6746
Health Promotions	(803) 895-1216/1217
Humana Military (TRICARE Regional Contractor)	1-800-444-5445 www.humana-military.com
Immunization Clinic	(803) 895-6492
Interactive Customer Evaluation (ICE)	www.ice.disa.mil
Laboratory	(803) 895-6515
Mental Health	(803) 895-6199
Medical Records	(803) 895-6505
Medical Standards Medical Element (MSME)	(803) 895-6166/6616

MiCARE (Relay Health)	www.relayhealth.com
Nurse Advice Line (NAL)	1-800-TRICARE (1-800-874-2273)
Optometry	(803) 895-6579
Patient Advocate	(803) 895-6817
Performance Improvement	(803) 895-6336
Pharmacy	(803) 895-6464 (803) 895-2273, prompt #4, then 1
Pharmacy (BX)	(803) 895-2273, prompt #6
Pharmacy Automated Refill Service	(803) 895-6678 895-2273, prompt #4, then 1
Physical Health Assessment (PHA)	(803) 895-6373
Physical Therapy	(803) 895-6562
Privacy Officer	(803) 895-6455
Public Health	(803) 895-6193/6185
Radiology	(803) 895-6625
Referral Management Center	(803) 895-6559
Resource Management	(803) 895-6306
Shaw AFB	www.shaw.af.mil
TRICARE	www.tricare.mil
TRICARE Appeals	www.tricare.mil/appeals
TRICARE Beneficiary Web Enrollment	www.tricare.mil/bwe
TRICARE Online (TOL)	www.tricareonline.com

