

Regional Newsletter

Dedicated to enhancing the exchange of information within the region

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TRICARE Standard/Extra.....14

MILITARY MEDICAL TRAINING **NOW STARTS AT METC**

The future of military medical training arrived here June 30 with the opening of the Medical Education and Training Campus at Fort Sam Houston. The METC is an integrated campus under a single university-style administration, with more than 100 courses available to students.

"Today marks a significant milestone in the ongoing story of military medicine," said Rear Adm. William R. Kiser, the METC commandant. "Everywhere our nation sends our finest to serve, our graduates will be there with them serving as a force for good because of the work done here."

METC entered into its initial operating capability June 30. Its initial training course, Radiography Specialist, began in April. Other courses will be phased in throughout the rest of the year and into 2011. "METC will serve as the birthplace for joint interoperability for corpsmen, medics and technicians," said Chief Master Sgt. Kevin Lambing, the METC senior enlisted advisor. "In five years, every medic and corpsman under the grade of E-5 will have been educated here at METC." The campus will have more than 24,500 students going through its doors each year, with an average daily student load of approximately 8,000. METC officials will also employ an operating staff and faculty of more than 1,400. By service, the student breakdown includes approximately 45 percent Army, 31 percent Navy and 24 percent Air Force. The longest program offered is cytology, which is the study of cells, at 52 weeks; and the shortest, at four weeks, is patient administration.

"Today is truly about new beginnings. METC's mission is to produce the world's best military healthcare personnel to support the nation and the vision is to be the nation's leader in military medical education and training," said Rear Adm. Eleanor Valentin, the Navy Medicine Support Command commander and METC Flag Officers Steering Committee chair. "This mission and vision guided us to ensure METC provides curriculum and education that preserves each service's identity while creating an environment where our enlisted professionals can learn from their counterparts in their sister services." Consolidated basic and specialty enlisted training from five separate service medical learning centers have already moved or are in the process of moving to San Antonio. "METC is more than an institution of higher learning," said Chief Lambing, the former Air Education and Training Command chief of the enlisted medical force. "This will become a platform of medical diplomacy on the world stage. Nations across the globe will send their men and women to this campus because METC stands for the best platform the world has even known for producing medics and corpsmen."

A SALUTE TO: 325TH MEDICAL GROUP, TYNDALL AFB: MASS IMMUNIZATION CHECK-IN DATABASE

"An ounce of prevention is worth a pound of cure." Once the World Health Organization declared that a pandemic of H1N1 flu was underway in June 2009, the Checkertail Medics at Tyndall AFB prepared themselves for battle. Not with bullets, but with syringes and a laptop. On December 2009, the 325th Medical Group was tasked to immunize mission essential active duty and civilians without disrupting normal day-to-day operations in a two week timeframe. The solution was simple. By using bar-coding technology on the ID card and importing the data directly into the Air Force Complete Immunization Tracking Application (AFCITA) the medical group accomplished its goal.

Mass immunization is a yearly requirement and is the single most effective way to prevent the spread of contagious diseases such as the seasonal flu or H1N1. Vaccination is most effective when delivered in a relatively short time span. The medical group was challenged with finding an efficient, effective, and customer-friendly means to accomplish H1N1 mass vaccination.

The main task was to develop a rapid check-in process for a high volume of patients while preventing documentation errors. A cross-functional team of experts from Medical Information Systems, Family Practice and Public Health developed a plan that would incorporate a technological and an administrative solution to facilitate a faster vaccination line. Previous vaccination lines consisted of paper sign-in sheets. Although extremely portable, this method was time-consuming, disregarded patient privacy, and was prone to transcription errors. Instead, the team implemented an electronic ID card hand scanner. The hand scanner allowed for rapid check-in, safe-guarded patient information, and eliminated errors in documentation. The team deployed multiple laptops and scanners to accommodate mass vaccinations. Manual computer entry was always available as a back-up.

The team organized an effective assembly line in which patients received immunizations in less than 50 seconds. A total of over 1000 vaccinations were administered with zero errors. This innovative team not only achieved the timeline, but also met the Air Force Surgeon General's goal of 90% active duty vaccinated in record time.



Checkertail Medics deploying handheld scanner.

TRICARE COVERAGE FOR NATIONAL GUARD PERSONNEL ACTIVATED FOR THE DEEP WATER HORIZON OIL SPILL RESPONSE

Submitted by TRO-South Customer Service Division

Accessing Medical Care:

FOR EMERGENCIES CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM.

During activation for this national crisis, the National Guard member should seek care at the MTF if the member is assigned and resides within 50 miles of a military installation. If the member is assigned and resides more than one hour from an MTF, routine care must be sought from TRICARE network providers, if available. To find a list of network providers in any given area, beneficiaries can contact the South Region Managed Care Support Contractor, Humana Military Healthcare Services at 1-877-249-9179 or http://humana-military.com. Note: If Reserve Component members are on orders for less than 30 days, and require care, they must contact their unit for a Line of Duty (LOD) determination. If determined to be eligible for medical care under LOD, members must receive an authorization from Humana Military prior to receiving care.

Accessing Dental Care:

Reserve Component (RC) service members activated for more than 30 days are eligible for dental care as an active duty member and are not eligible for the TRICARE Reserve Dental program, administered by United Concordia. If a member is on active duty for more than 30 days, and is assigned and residing less than 50 miles from a Dental Treatment Facility (DTF), they must contact that DTF for treatment. If assigned and residing more than 50 miles from a DTF, the service member must contact United Concordia at 866-984-2337, prior to receiving dental care, in order to obtain an authorization and ensure there are no out-of pocket costs. Once their active duty orders expire, they can enroll/reenroll into the Reserve Dental program.

Family Members' Coverage (Medical & Dental): FOR EMERGENCIES CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM.

If Reserve Component members are on orders for less than 30 days, family members are not eligible for active duty TRICARE benefits. If they are enrolled in TRICARE Reserve Select (TRS), they will remain in this program. If the orders are for more than 30 days, the families will be eligible for the active duty benefit. If their DEERS information is correct, they will be covered by TRICARE Standard. They may enroll in TRICARE Prime or TRICARE Prime Remote for Active Duty Family Members if eligible. When the members activation period ends, a new TRS enrollment is required to be reinstated into this program.

If the activation orders are for more than 30 days, family members are eligible for the Active Duty Family Dental Program, administered by United Concordia. If they are currently in the TRICARE Reserve program, they will have to contact United Concordia to ensure their status is changed to active duty family members or to enroll. For more dental program information, call United Concordia at 866-984-2337.

For the most up-to-date information concerning any of these benefits please visit the TRICARE website at http://www.tricare.mil/, or contact Humana Military's dedicated Guard and Reserve line at 877-298-3408.

For questions concerning any of these benefits, contact the TRO-South RC points of contact, at 228-377-9642, DSN 597-9642 or 210-292-3216, DSN 554-3216.

CORNUM IN CHARGE

Submitted by 81st Medical Group, Keesler AFB Public Affairs

Brig. Gen. (Dr.) Kory Cornum, 81st Medical Group (MDG) Commander, asks about the obstetrics pregnancy simulator in the Keesler Hospital's Family Birthing Center May 17. The general, who assumed command April 30, visited 81st Inpatient Operations Squadron (IPTS) areas as part of a series of "immersion" tours of the 81st MDG's seven squadrons. Nurse 2nd Lt. Dawn Mitchell, second from left, and Maj. Janice Shealey, maternal child flight commander, explain "Katrina's" capabilities as Col. Allison Plunk, left, 81st IPTS commander, and Capt. Amber Barker, family birthing center element leader, look on.



(U.S. Air Force photo by Steve Pivnick)

ANTICIPATORY ANXIETY

Submitted by Humana Military

Gulf Coast residents dealing with one of the worst environmental disasters in U.S. history are also facing traumatic stress that has no clear precedent. Two months after the oil spill began, residents of the states touching the Gulf of Mexico continue to deal with "anticipatory anxiety". Though this is the same anxiety that coastal residents might have as a hurricane approaches, the duration of the oil well leak and the uncertainty of when it might stop makes it almost incomparable.

Residents could be experiencing difficulty sleeping, loss of concentration, inability to control their emotions and compromised immune systems that lead to colds, flu or exhaustion. Anxiety and the effects of it become more intense as time goes on.

ValueOptions® has developed a handbook to help individuals cope with this tragedy. It is posted on the Humana Military website in the Disaster Recovery section, <u>Gulf Oil Spill</u>, and on the ValueOptions TRICARE South Achieve Solutions website https://www.achievesolutions.net/achievesolutions/en/tricaresouth/Home.do. Articles address coping with the constant media coverage of the disaster, protecting one's health in the region, maintaining a positive outlook, and helping those who have been impacted by this disaster.

We hope this information is helpful to those affected by the disaster. Please feel free to share this information with patients and the community.

For more information, visit Humana Military's Web site at http://www.humana-military.com/south/bene/tools-resources/disaster/gulf-oil-spill.asp

2010 AIRMAN TEDDY BEAR RUN

Submitted by 81st Medical Group, Keesler AFB Public Affairs

The 2010 "Airmen Teddy Bear Run" was run on July 17 across the Biloxi-Ocean Springs Bridge. The event will benefit the 81st Medical Group Hospital's pediatric patients.

According to Tech. Sgt. Julie Hammond, 81st Training Support Squadron (TRSS), one of the Run's organizers, "Runners were staged at the base of the bridge on the Biloxi side, then ran across the bridge, picked up a stuffed animal on the Ocean Spring's side and returned to deposit it in collection spot. Teddy Bears will be delivered to Keesler Hospital to brighten a child's day."

At least 250 bears were donated to the run. Approximately 175 runners, both students and permanent party, participated in the event. Some bears have already been delivered and additional bags will be taken to the clinic soon.

Sergeant Hammond said that her supervisor, Master Sgt. Anthony Fisher, 81st TRSS Military Training Superintendent, originated the idea earlier this year. "He threw it out there to us in the office to see how it sounded," she said. "I told him I would take it on and start making some phone calls to see if we could make it happen. I contacted the (81st Medical Operations Squadron) Pediatric Clinic Officer-in-Charge, Maj. Mickaelle Germaine, to see if they could accept the bears and she said she could." Then things just fell into place. The first run on February 27 resulted in 130 bears donated to the Pediatric Clinic.

"They appreciated it and our Airmen loved helping them out," Sergeant Hammond recalled. "Our purpose was to make some children happy by giving them a bear when they are scared or frightened about going to the doctor. "Another purpose was to get our Airmen out in the community and volunteering for a good cause," she continued.

"We opened it up to the non-prior-service Airmen students as well as the military training leaders in the training squadrons and, since the hospital is a part of this too, we encouraged them to participate as well," she added. Sergeant Fisher's involvement has encouraged them to do the second run.

"His wife does home day care and a little boy that she watches was admitted to the hospital," Sergeant Hammond said. They went to see him and he had this bear. He explained to Sergeant Fisher he was allowed to pick a bear from a room that had tons of them in it. It turned out they were the bears we had donated and he was as happy as could be having this bear beside him. So our 'Teddy Bear Run' served its purpose!"

VISIT TRICARE'S NEW AND IMPROVED MEDIA CENTER

Don't feel like waiting for that next newsletter to get all the latest TRICARE news? Visit the new and improved Media Center at www.tricare.mil/mediacenter for the hottest links to TRICARE's social media and updates to what's happening with TRICARE. The new Media Center makes it easier than ever for beneficiaries and providers to follow TRICARE online and share information with friends and family. By joining the conversation, TRICARE is addressing concerns and providing resources to resolve the common issues beneficiaries have when accessing their health care benefits.

Become a TRICARE fan on Facebook, get tweets on Twitter or sign up for e-mail alerts delivering the latest TRICARE benefit information. View TRICARE news releases, videos, download podcasts and much more. It's all at the new TRICARE Media Center at www.tricare.mil/mediacenter.

BENEFICIARIES ENROLLING IN MEDICARE PART B ARE ELIGIBLE FOR TRICARE PRIME REFUNDS OF UNUSED ENROLLMENT FEES

Submitted by TRO-South Network Operations

The TRICARE Operations Manual, Chapter 12, Section 1, Para 11.4 states, "Contractors will refund the unused portion of the TRICARE Prime enrollment fees to retired TRICARE Prime enrollees who either become Medicare eligible upon obtaining the age of 65 and purchase Medicare Part B; or who are under 65 years of age, become Medicare eligible due to a disability or ESRD and have purchased Medicare Part B. The contractor shall calculate the refund using monthly pro-rating. The contractor is not required to research their files. If a request for a refund is brought to the attention of the contractor, then the contractor shall refund the unused portion of the enrollment fee in accordance with this policy." This policy is retroactive to the start of health care delivery under the present contract.

Beneficiaries eligible for these refunds are encouraged to contact Humana Military Healthcare Services at the 1-800-444-5445 to request their refund. Beneficiary counselors are encouraged to remind dual eligible Medicare beneficiaries to request from Humana Military any refunds they have coming for unused enrollment fees paid.

NEWBORN ENROLLMENT IN TRICARE PRIME

Submitted by TROS-South Network Operations

Sponsors are reminded that they have only 60 days from the date of birth to enroll their newborn children in TRICARE Prime for the child to have continuous coverage in Prime. At least one family member must be enrolled in TRICARE Prime for the child's claims to be paid as Prime during the first 60 day period. Children not enrolled in TRICARE Prime by the 60th day after birth, are treated as TRICARE Standard starting the 61st day until they are properly enrolled.

Enrollment into TRICARE Prime is a two step process: 1) The first step is to enroll the child in the Defense Enrollment and Eligibility Reporting System (DEERS). **Enrollment in DEERS does not require a certified birth certificate or SSN.** A sponsor must have a properly certified birth certificate or certificate of live birth authenticated by an attending physician or other responsible person from a civilian hospital or a military treatment facility showing the name of at least one parent. DEERS can provide a temporary SSN for the child until one can be obtained by the sponsor. Beneficiaries must provide the child's official SSN to DEERS not later than the 365th day after birth of the child for the child to retain TRICARE eligibility. 2) The second step is to enroll the child in TRICARE Prime by completing an enrollment application and submitting it to the Humana Military. The application can be submitted by mail, fax, or through Humana Military's website or can be taken to the nearest TRICARE Service Center by the sponsor.

It is recommended that the sponsor keep proof of the submission of the application to Humana Military. It is important to remember the date the application is received by Humana Military as it used to determine whether the child's enrollment in Prime is continuous, or whether the 20th of the month rule is used, in which case a lapse in Prime coverage will occur and claims for the period the child is not enrolled will be charged as TRICARE Standard. Beneficiaries having questions concerning the enrollment of newborns in TRICARE Prime may call Humana Military at 1-800-444-5445. Beneficiary counselors are encouraged to remind beneficiaries having a newborn of the process and timeframe for enrolling their children in TRICARE Prime.

HUMANA MILITARY HEALTHCARE SERVICES RECEIVES WEB SITE AWARD FOR PUBLICATION EXCELLENCE

Humana Military Healthcare Services, a wholly owned subsidiary of Humana Inc., received an Award of Excellence for "Web and Intranet Site" in the 22nd annual Awards for Publication Excellence (APEX). APEX Awards are sponsored by Communications Concepts, Inc. who publishes 'Writing That Works: The Business Communications Report', a bi-monthly publication focusing on writing, editing, and publishing for communicators in the corporate, non-profit, and agency environments.

"Congratulations to our Humana Military associates for developing and maintaining our website so magnificently", said Dave Baker, president and CEO of Humana Military. "The APEX Award of Excellence confirms that our site is a user-friendly, world-class resource for our TRICARE beneficiaries, civilian providers, and Department of Defense partners."

There were 3,700 entries this year in 11 major categories. APEX awards are based on excellence in graphic design, communication, and editorial content. Judges look for good ideas, creativity, and innovation. To view the Humana Military website, please visit: www.humana-military.com

Source: http://www.tricare.mil/pressroom/contractornews.aspx?fid=108

MILITARY MEDICAL TRAINING (METC)

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METC's footprint covers more than two million square feet on Fort Sam Houston and cost more than \$1.2 billion to build and equip. Each of its three current dormitories will house 1,200 Airmen and Sailors. Two other nearby dorms will be built nearby for Army students, with one housing 3,000 technical school students. "I want you to see not just the bricks and stones and mortar and glass, I want you to see the people whose lives will be made better by what transpires in these buildings," Admiral Kiser said. "These buildings are an investment in the health and safety of the men and women who go into harm's way. They are an investment for what we in military medicine stand for. We will show it is possible to value our heritage and distinctions and still work together toward a common vision," the Admiral said. "Our vision and commitment at METC can be summed up in a single sentence: "We will provide America's uniformed services the finest medics, the finest techs, and the finest Hospital Corpsmen who are well-trained, capable and ready to support the missions of our country anywhere around the globe."

Source: Steve Elliott, Fort Sam Houston Public Affairs

TRAVELING OVERSEAS WITH TRICARE

Traveling overseas can be an amazing experience. Whether on vacation or a business trip, eating different foods, meeting exciting people and enjoying a different climate can make for a worthwhile trip – unless you get sick or have a medical emergency.

Having a medical emergency on an overseas trip can be very scary and stressful. Understanding your TRICARE coverage before leaving home is key.

Before traveling, TRICARE beneficiaries should make sure their Defense Enrollment Eligibility Reporting System (DEERS) information is accurate. For more information about DEERS and how to update DEERS records go to www.tricare.mil/DEERS.

TRICARE encourages all beneficiaries who have a medical emergency overseas to seek treatment immediately. Beneficiaries should seek help finding a treatment facility through a local U.S. Embassy or Consulate. However, Active Duty Service Members (ADSMs) and Prime-enrolled Active Duty Family Members (ADFMs) should first attempt to contact the TRICARE Global Remote Overseas Alarm Center (TGRO) for the area in which they are traveling. For more information on TGRO Alarm Centers, go to www.internationalsos.com/private/TRICARE/.

After arriving at the emergency facility, ADSMs and Prime enrolled ADFMs should have the facility contact the TGRO Alarm Center to arrange for payment. Beneficiaries should not leave the emergency facility before contacting the TGRO Alarm Center or the individual could be liable for the claim.

TRICARE Standard beneficiaries who get emergency or urgent care overseas should be prepared to pay for it up-front and submit a claim with their TRICARE regional health care contractor after returning home.

Beneficiaries living outside the continental U.S. traveling to the U.S. or another country, should contact their TRICARE Area Office (TAO) before the trip to inquire about emergency guidelines. If a beneficiary has an emergency while traveling, he or she can call the toll-free TRICARE Overseas Service Line, 1-888-777-8343.

The Centers for Disease Control and Prevention recommend overseas travelers pack a travel health kit to manage pre-existing medical conditions, prevent illness related to traveling and take care of minor health problems as they occur. The health kit should include: pain or fever medication, upset stomach or diarrhea medication, throat lozenges, decongestant, disposable gloves, adhesive bandages, gauze, adhesive tape, cotton swabs, antiseptic and saline eye drops. Other important items to include are insect repellant and sunscreen.

Beneficiaries who take prescription medicine should order refills before their trip and not forget to pack them!

Save all medical receipts! This is one of the most important things beneficiaries can do while traveling abroad.

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TRAVELING OVERSEAS WITH TRICARE

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For more information about traveling overseas with TRICARE, beneficiaries can go to http://www.tricare.mil/ or contact their regional health care contractor. They can also contact their TAO, a TRICARE Service Center or visit www.tricare.mil/overseas.

TRICARE Area Office: Eurasia-Africa

011-49-6302-67-6314 DSN: 496-6314

teoweb@europe.tricare.osd.mil www.tricare.mil/eurasiaafrica

TRICARE Area Office: Latin America and Canada

1-706-787-2424 DSN: 773-2424 taolac@tma.osd.mil www.tricare.mil/tlac

TRICARE Area Office: Pacific

011-81-6117-43-2036 DSN: 643-2036

tpao.csc@med.navy.mil www.tricare.mil/pacific

TRICARE North Region

Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) http://www.healthnetfederalservices.com/

TRICARE South Region

Humana Military Healthcare Services, Inc. 1-800-444-5445

Active duty programs: 1-877-249-9179 http://www.humana-military.com/

TRICARE West Region

TriWest Healthcare Alliance Corp. 1-888-TRIWEST (1-888-874-9378) http://www.triwest.com/

Source: http://www.tricare.mil/pressroom/news.aspx?fid=635

MARTIN ARMY COMMUNITY HOSPITAL PLACES BEHAVIORAL HEALTH IN FOCUS

Submitted by Martin Army Community Hospital

On 8 April 2010, Martin Army Community Hospital and Humana Military, along with their sub-contractor ValueOptions, co-sponsored an outstanding Behavioral Health Conference which brought together providers and spiritual leaders from Fort Benning and the civilian Network to focus on Behavioral Health. Each year, Martin Army Community Hospital and Humana Military put together a collaboration event with providers in the Fort Benning/Columbus area.

This year, pastoral staff from the community were also invited to include a focus on spiritual fitness. According to Joan Herman, Chief of the Managed Care Branch, "Collaboration events like this are a vital link to ensure Network providers are updated on Martin's services. We greatly appreciate the services that the Network providers offer to our Soldiers past and present, including their Family Members."

COL Koji Nishimura, Hospital Commander, started the conference welcoming the attendees and thanked them for everything they do in support of our Soldiers and Family Members. The Behavioral Health Conference included several informative briefings. Melissa Messina, M.D., Chief of the Department of Behavioral Health, discussed her department's capabilities, limitations, future plans for the department, and gave a brief summary of pertinent Army Regulations. Marlin Wolf, Ph.D., Chief of Neuropsychology Services, spoke about mild traumatic brain injury (TBI), associated complications, and communicated how community providers can effectively collaborate with TBI services. Chaplain Daren Powers, Chief of Ministry and Pastoral Care, spoke about spiritual awareness, available spiritual resources, caution signs, and discussed tools available for grief counseling.

Victor Coronado, M.D., traveled from the Centers for Disease Control (CDC) and Prevention in Atlanta, GA to join the conference. Dr. Coronado is a national expert in TBI and gave a remarkable briefing which covered the impact and prevention of TBI, the CDC's role, and TBI among returning Service Members. The presentations were followed by a social hour with light refreshments allowing conference participants to meet and greet other conference attendees and guest speakers.

The event concluded with a remarkable production of the Theater of War and a panel discussion with audience participation. The Theater of War presented readings from the Greek plays of Sophocles' Ajax and Philoctetes by a cast of the following actors: Amar Cheatom, Chad Coleman, Gretchen Egolf, and John Ventimiglia. The ancient plays depict the psychological and physical wounds inflicted upon warriors by war and appeared to have become a ritual aimed at helping combat veterans return to civilian life after deployments. The goal of the production was to de-stigmatize psychological injury and open a dialogue about challenges faced by service members, veterans, caregivers, and families.

According to MAJ Brian Freidline, Chief of the Healthcare Management Division, "The conference was a tremendous success and we increased the community focus on behavioral health issues. The feedback from the Network providers and pastoral attendees was incredibly positive and they were extremely interested to know when the next collaboration event will take place."

MEDICAL READINESS CENTER OPENS AT CAMP BULLIS

A new era in military medical readiness training opened at Camp Bullis June 25, as Air Force officials cut the ribbon on an \$18 million Medical Readiness Training Center. Center officials will host all initial, sustainment and future medical readiness training. The center will also allow officials to increase joint interoperability and knowledge, and expand the scope of current and future medical readiness.

The 882nd Training Group relocated from Sheppard Air Force Base in Wichita Falls, Texas, to the 28,000-acre

training site on San Antonio's northwest side. An estimated 6,500 Airmen will transition through Camp Bullis this year prior to arriving at their deployed location. "This is a dream come true," said Lt. Gen. (Dr.) Charles Green, the Air Force Surgeon General. "We began Combat Casualty Care Course training at Camp Bullis, and the Army has been graciously hosting us for almost two decades. The goal from the beginning has been to have a place that would allow all the services to train together and to know exactly what the equipment sets are going into war," General Green said. "Thanks to the 2005 Defense Base Closure and Realignment Commission mandate, we've actually put a training facility out here, combining the assets from the 882nd TRG and Air Force Materiel Command assets from Brooks AFB to establish a single training site."



Air Force Surgeon General, LT Gen Charles Green

The new facility includes six classrooms, four dormitories, three multipurpose buildings, a dining facility, a 10,000 square-foot warehouse and

10 training pads. In addition, five training aircraft have been moved to the site so students can get training in aeromedical evacuation. Courses ended at Sheppard AFB in April and are transitioning to Fort Sam Houston, Texas, and Camp Bullis. "The magic of this place is not what the Air Force is bringing," General Green said. "The magic is the co-location of the Army's health care specialists, the Combat Support Hospital, and hopefully, one of these days, the Navy Fleet Hospital, so that when people come here to train, they see exactly who they'll be working with and understand how the system comes together."

The 882nd TRG's mission is to develop, conduct and evaluate total force military medical service/medical readiness training for 15,000 members annually from four uniformed services. As it relocates to Camp Bullis, the group will be made up of members from the 882nd Training Support Squadron, and the 381st, 382nd and 383rd Training Squadrons. "The Army trains 400 combat medics out here every 16 days," General Green said. "The Air Force is going to be bringing out teams, typically around 75 for the expeditionary medical systems and about 50 for the aeromedical evacuation training, with probably two to four courses going each month."

General Green serves as the functional manager of the Air Force Medical Service. He advises the Secretary of the Air Force and Air Force Chief of Staff, as well as the Assistant Secretary of Defense for Health Affairs, on matters pertaining to the medical aspects of the Air Expeditionary Force and the health of Airmen. He exercises direction, guidance and technical management of more than 42,800 people assigned to 75 medical facilities worldwide. "In the last seven years that I've been involved with this, we've seen training progress from where you would have to pretend what it was like going to war to the current expeditionary medical support training where people see what they're going to see when they deploy," the General said. "Our hope is to incorporate other aspects of training, and the folks will be exposed to convoy training, and even see what goes on in prison operations," General Green added. "The ability to train out here, in terms of field environment and with the actual equipment they will use when they deploy, is unlimited," he said. "It's an amazing thing." "I am thrilled that after 18 years of planning to be able to see this come to fruition," General Green said. "I commend everyone for the work they have done to make this a reality."

Source: http://www.health.mil/News_And_Multimedia/News/detail/10-07-06/Medical_Readiness_Center_Opens_at_Camp_Bullis.aspx

QUESTIONS & ANSWERS - TRICARE AND PATIENT PROTECTION AND AFFORDABLE CARE ACT

Will the new legislation transfer TRICARE into another government health care program?

No, The Patient Protection and Affordable Care Act leaves TRICARE under sole authority of the Defense Department and the Secretary of Defense, and we are governed by an independent set of statutes. "For the Department of Defense, and specifically for our 9.6 million TRICARE beneficiaries, this law will not affect the TRICARE benefit. Eligibility, covered benefits, copayments and all other features of our TRICARE program remain in place." – Assistant Secretary of Defense (Health Affairs) Dr. Charles Rice

What does deeming TRICARE as "qualifying coverage" mean?

It ensures that TRICARE beneficiaries will not be impacted by the new legislation's requirement that people without qualifying coverage will have to pay a financial penalty.

Is TRICARE For Life (TFL) considered "qualifying coverage" under the new law?

Yes, TFL is deemed qualifying coverage under the legislation already passed by the House and Senate.

Can I expect my TRICARE enrollment fee, premiums, deductibles or co-pays to go up because of this legislation?

There is nothing in the legislation that would change any TRICARE fees.

The new health care bill allows adult children to stay on their parent's health care plan until age 26 if their employers don't offer insurance. Will TRICARE adopt this policy?

Many beneficiaries with dependent children are very interested on how the Act will impact their children age 26 and younger. Our current age limits – 21, or age 23, if the dependent is in a full-time school program – are set by statute, so separate legislation would be required to change them. If changes are made to the statutes governing TRICARE, then, like any other legislative initiative, time will be required for us to implement the changes. Until that time, the benefit remains unaffected by the Patient Protection and Affordable Care Act.

How can I find out about updates to the TRICARE benefit in the future?

We are committed to keeping our beneficiaries informed about their benefit. We will make new information available on our website, at our call centers, and via all of our educational materials as soon as we have more to share. You can also sign-up to receive benefit updates via e-mail.

Source: www.tricare.mil

2010 TRAINING, MEETINGS & CONFERENCES

For more information and registration on South Region training opportunities, please visit our webpage at http://www.tricare.mil/trosouth/Training.cfm.

TRICARE FUNDAMENTALS COURSE DATES

San Antonio, TX, October 19 - 21, 2010

TRICARE INFORMATION PORTAL (TIP) AD HOC TRAINING

Augusta, GA, August 25, 2010 San Antonio, TX, November 17, 2010

2010 TRICARE SOUTH SENIOR LEADERSHIP CONFERENCE

Omni Hotel, September 8-10, 2010 San Antonio, TX www.tricare.mil/trosouth

ONGOING TRAINING AND COURSES

TRICARE Data Quality Training Courses: For more information, go to: http://www.tricare.mil/ocfo/mcfs/dqmcp/training.cfm

TRICARE Financial Management Education Program (TFMEP) Courses: For more information, go to: http://www.tricare.mil/ocfo/privatesector/tfmep/index.cfm

TRICARE University, TMA Reporting Tools, and TRICARE Briefing Materials: For more information, go to: http://www.tricare.mil/training/index.cfm

Working Information Systems to Determine Optimal Management (WISDOM) Training Courses: For more information, go to: http://www.tricare.mil/ocfo/bea/wisdom.cfm

TRICARE STANDARD AND EXTRA HIGHLIGHTS

TRICARE Standard and Extra are fee-for-service plans available to all non-active duty beneficiaries throughout the United States. Enrollment is not required. Coverage is automatic as long as your information is current in the Defense Enrollment Eligibility Reporting System. Active duty service members (including activated National Guard/Reserve members) may not use TRICARE Standard and Extra. TRICARE Standard and Extra may be the right choice for you if you have a provider who is not in the TRICARE network and you don't want to change providers. Or, if you live in an area where TRICARE Prime is not available, TRICARE Standard and Extra may be your only option.

The type of provider you see determines which option you are using and how much you'll pay out-of-pocket. If you visit a non-network provider, you're using the Standard option. If you visit a network provider, you're using the Extra option. If using the Extra option, you'll pay less out of pocket and the provider will file claims for you.

Costs also vary depending on your military status (active duty family members vs. retirees, their families and others). After you've met an annual deductible, you're responsible for paying a cost-share (or percentage) of the provider's bill.

When using TRICARE Standard and Extra, you may visit any TRICARE-authorized provider, network or non-network. Care at military treatment facilities is on a space-available basis only. You do not need a referral for any type of care but some services may require prior authorization.

Key Points:

- TRICARE Standard is the most flexible of the TRICARE options
- TRICARE Standard and Extra are automatic no enrollment forms or monthly premiums
- Provides the greatest freedom of choice for providers
- TRICARE Extra is similar to Standard but if you choose a network provider you will save money and have less forms paperwork
- TRICARE Standard can be used most anywhere

No referrals for specialty care but some services do require prior authorization

For more information on TRICARE Standard and Extra, or to find out more about all the available

TRICARE options, please visit www.tricare.mil/mybenefit. If you need help locating providers for routine and specialty care or if you have questions about eligibility, claims, referrals, benefits, etc., you can visit www.tricare.mil or contact your regional managed care support contractor.

TRICARE South Region:

Humana Military Healthcare Services 1-800-444-5445 www.humana-military.com

TRICARE North Region:

Health Net Federal Services 1-877-TRICARE (1-877-874-2273) www.healthnetfederalservices.com

TRICARE West Region:

TriWest Healthcare Alliance 1-888-TRIWEST www.triwest.com