Defense Health Agency, Communications Division
Customer Service Support
TRICARE 2017 (T-2017) Information Paper and FAQs

This information paper is for use by the Customer Service Community when answering questions about TRICARE's 2017 (T-2017) contract.

BACKGROUND

- For the T-2017 contract language, the Defense Health Agency (DHA) got feedback through:
    - **An industry forum—**DHA invited health care industries in to discuss current health care concepts and potential, forwarding thinking, health care contract activities.
    - **Draft Requests for Information (RFI)—**DHA used RFIs to gauge the interest of potential bidders. This helped DHA decide how to proceed with drafting the request for proposal (RFP/contract) to generate the best responses. Interested bidders could state concerns or get clarification on proposed contract language.
    - **Draft Request for Proposals (DRFP)—**DHA asked potential bidders to submit proposals to see if the Department of Defense (DoD) could get offers to administer high-quality health care in a way that protects fiscal and other interests of the DoD.
- This is the fourth managed care support contract since 1994.
- For the T-2017 contracts, DHA combined the North and South region into one "East" region. The "West" region stays the same.

DISCUSSION

- DHA awarded the T-2017 contracts on July 21, 2016.
    - Humana Government Business, Inc., is the East region contractor
    - Health Net Federal Services LLC is the West region contractor
- DHA decided that Humana and Health Net's proposals best met the DoD's goals to reduce cost and to improve access, quality, safety, and the customer service experience. Most changes are administrative in nature (behind the scenes).
- Health care delivery starts approximately nine months after the award. A protest of either of the awards may affect the timeline of the relevant region.
- Your role is to help beneficiaries understand **the TRICARE benefit isn't changing and they don't need to take any action right now.** Encourage beneficiaries to sign up for contract e-mail alerts at http://www.tricare.mil/About/News.aspx.
    - DHA will post contract and transition updates on www.tricare.mil/changes.
    - We'll send out updates when we know about actions beneficiaries need to take (i.e., change where enrollment fee and premiums payments to, where to mail claims, etc.). This will be closer to the start of health care delivery date.
    - During the transition, there will be customer service training sessions. Check your e-mail for training announcements.
- T-2017 TRICARE Regional Offices (TROs):
    - TRO East (TRO North and TRO South combined)
    - TRO West
- As part of the transition, the government put processes in place to evaluate how ready the T-2017 contractors are to start health care delivery. The government will review the contractor's referral

processes, network development, enrollment processes, medical management services, customer service, claims processing, and administrative management services.

- Military hospitals, clinics, and enhanced Multi-Service Markets (eMSMs) will sign Memorandums of Understanding (MOU). The MOUs outline how the contractor is to perform certain functions based on MTF or service guidance. The services and TROs are still in the process of actively coordinating and approving the MOUs.

BENEFICIARY FAQS

These are initial FAQs. We will update them throughout the transition as we get more information.

D-Day (Date of Initial Contract Award) FAQs

Q1. How do the new T-2017 contracts affect me now?

A1. Right now, no changes affect you. We'll post updated information at www.tricare.mil/changes. You can sign up for T-2017 e-mail updates.

Q2. How and why are the TRICARE regions changing with the new contracts?

A2. The North and South regions will combine to become the East region. Having two regions will reduce costs for the Department of Defense. It will also make it easier for DHA and the contractors to coordinate your care.

To see what region you're currently in, visit www.tricare.mil/About/Regions.aspx.

To see what the new regions look like, visit www.tricare.mil/changes.

Q3. Will I have to change doctors?

A3. We won't know until closer to the start of health care delivery. We'll post updates on www.tricare.mil/changes. You can also sign up for T-2017 e-mail updates.

Q4. Does this affect pharmacy, dental benefits, TRICARE For Life, US Family Health Plan, or the TRICARE Overseas Program?

A4. No. There these programs are covered by separate contracts.

Q5. Do I need to do anything to prepare for the contract change?

A5. No. If that changes, we'll let you know why and when you need to take any action.

If there's a protest, use this FAQ:

Q1. What is a bid protest?

A1. Federal agencies are required to award government contracts in accordance with numerous acquisition laws and regulations. If a party interested in a government contract believes that an agency (i.e. one of the unsuccessful bidders) has violated procurement law or regulation it may file a bid protest with either the General Accountability Office (GAO) or the U.S. Court of Federal Claims (COFC). A bid protest is a challenge to the award or proposed award of a contract for the procurement of goods and services (e.g. medical care).

Q2. When will/must a protest be filed?

A2. A protest challenging the award of a contract must be filed within 10 days of when a protester knows or should know of the basis of the protest (a special case applies where, under certain circumstances, the protester receives a required debriefing).

Q3. How do the contract protests affect the transition?

A3. Any protests may impact the timing of the start of health care delivery under the new contract(s). During the protest and transition periods, you'll continue to get health care under the current contract (i.e. like you normally do).

FOR INFORMATIONAL PURPOSES ONLY—NOT TO BE SHARED WITH BENEFICIARIES

The following content is for your awareness. The DHA Regional Office shared this information with MTF Commanders and their staff. You may overhear or be involved in discussion on these items.

T-2017 requirements affecting uniformed service and military clinics and hospitals (referred to here as "MTFs")

Managed Chronic Care/Disease Management Program

The contractor is to set up a Managed Chronic Care/Disease Management Program. The current DHA-managed Disease Management program ends. Details will be spelled out in the MOU.

- The program addresses (at a minimum): cancer, heart disease, chronic obstructive pulmonary disease (COPD), diabetes, asthma, depression, and anxiety disorder. It's offered to all TRICARE eligible beneficiaries.
- MTFs can refer beneficiaries to the contractor's chronic/disease management program.
- MTFs can see the contractor's care and interventions as noted in the contractor's systems.

Referral Management

- The contractor will staff each Enhanced Multi-Service Market (eMSM) with a full time, on-site Care Management Liaison. This liaison works with the Contractor, the eMSM referral coordinators, and the referral personnel at each eMSM MTF. The goal is to work with all parties to resolve clinical questions or issues that come up during the referral and authorization process.
- MTFs and the contractor are to use the government's electronic Referral Management System (RMS). (No faxing unless systems are down or the government grants an exception.). The goal is to reduce errors due to human handling.
- Point-of-service (POS) charges apply if the Prime enrollee refuses to go to the MTF under the MTF right of first refusal (ROFR). The contractor will fax ROFRs to MTFs until the RMS can process them electronically.
- The contractor is to a write clear explanation of why it's sending a referral back to the MTF.
- A beneficiary, through secure access online, can see and print out copies of referrals, as well as referral and authorization letters.
- The contractor, working with the MTFs and TRO, is to set up a process to help MTF/eMSM referral management offices address non-network providers who don't comply with sending Clear and Legible Reports (CLRs). This process will be spelled out in the MOU.

Utilization Management (UM)/Medical Management (MM)

- MTFs get access to the contractor's UM/MM electronic data system 24/7. The contractor will train certain MTF staff on how to access their system.
- UM decisions:
    - The MTF commander gets a copy of the UM decision the day the contractor makes it.
    - The contractor notifies the MTF commander of known civilian inpatient admissions–once the contractor learns about them.
    - The contractor gives the MTF a monthly report of enrollees with 4 or more ER visits in the past 12 months.
- Medical Management:
    - MTFs/eMSMs will have access to the contractor's MM information dashboard 24/7.
    - The contractor will refresh information every 24 hours.

Case Management

- The contractor will give MTFs/eMSMs case management and enrollee network provider discharge information.
- The contractor has a specific Case Management Liaison person to help with the flow of information and the MTF/eMSM—contractor collaboration.

Customer Service

- MTF BCACs get access to claims information in both regions.
- MTF BCACs get access to the contractor's customer service notes.
- Regional contractor call centers must have national certification.
- At the request of the Services, support hours for TRICARE briefings change – becomes need based, not monthly based. (Section J-5 of the T2017 RFP)

Proposed MTF and Enhanced Multi-Service Markets ("MTF/eMSM")—Contractor Initial Meeting Agenda Items:

Clinic, hospital and eMSM staffs are to:

- Brief the contractor to help them understand the installation's mission and culture.
- Discuss business plan/goals they may need the contractor's help to meet.
- Describe (if applicable) the MTF/eMSM's primary care medical home model (PCMH(s)) and its operational objectives.
- Provide written enrollment protocols.
- Outline additional MOU information.
- Share written capabilities tables – highlighting civilian shortages and needs.
- List network provider preferences.
- List which resource sharing agreements the MTF/eMSM wants to keep.
- Describe any available onsite space the contractor may use.

Questions Uniformed Service Facilities/eMSMs need to ask themselves and their services to see if they're ready for transition

- Are enrollment rules as simple as possible? Do the rules line up with the primary care medical home model (PCMH) and other business plan priorities?
- Does the ROFR table accurately show which referred services the MTF wants to accept? Take into consideration the decision time is now 90 minutes for urgent care and 2 business days for specialty care.
- Are MTF/eMSM points of contact (POCs) for all key functional areas identified in the supplemental MOU?
- Who is the primary POC for transition? Are they the contract liaisons?
- When faxing goes away – are all referrals going through the MTF/eMSM referral management centers?
- Is the MTF using the RMS or other homegrown system?
- Is the MTF using the Composite Health Care System (CHCS) referral form or other homegrown form?
- Will the eMSM want one shared MOU for all MTFs in the eMSM or separate ones for each MTF?