

# 509th MEDICAL GROUP PATIENT OUT-PROCESSING HANDBOOK



## 509th MDG Clinic Hours

Monday-Thurs ..... 7:30 a.m. to 4:30 p.m.

Friday ..... 8:30 a.m. to 4:30 p.m.

**Closed for training after 12:00 p.m. the  
2nd Wednesday of every month.**

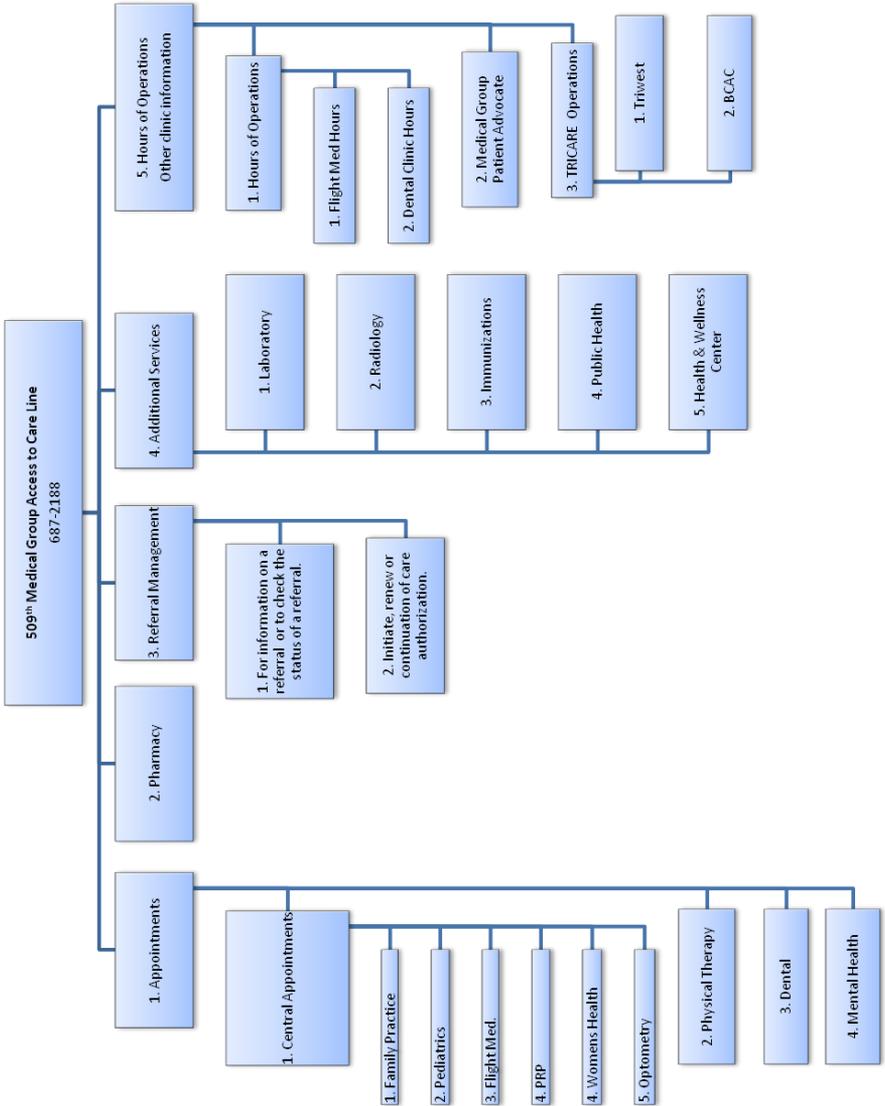
Website: <http://www.whiteman.af.mil/units/509mdg/index.asp>

This Handbook is to assist you with a smooth transition as you PCS.

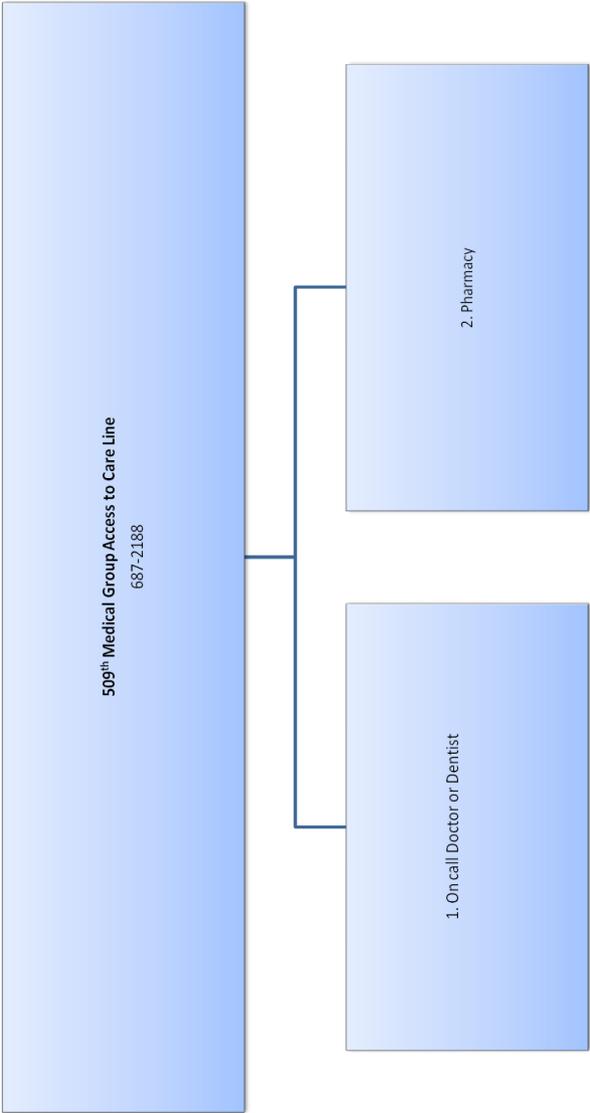
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# 509<sup>th</sup> Medical Group Access to Care Phone Tree Open Clinic



# 509<sup>th</sup> Medical Group Access to Care Phone Tree Closed Clinic



# Custody and Control of Health Treatment records



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS UNITED STATES AIR FORCE  
WASHINGTON DC

MEMORANDUM FOR ALMAJCOM/SG

AFI41-210\_AFGMI

FROM: HQ USAF/SG  
1500 Wilson Blvd, Suite 1600  
Arlington, VA 22209

26 FEBRUARY 2010

SUBJECT: Custody and Control of Health Treatment Records

This is a Guidance Memorandum immediately changing to AFI 41-210, *Patient Administration Functions*, Sections 6.17, "Transferring Outpatient Records". Compliance with this Memorandum is mandatory. This policy applies equally to the Air Force Active and Reserve Components (RC). The changes included in this memorandum align the Air Force Medical Service with the health records custody and control requirements identified in DoDI 6040.43, *Custody and Control of Outpatient Medical Records*, Section 5.1. To the extent its directions are inconsistent with other Air Force publications the information herein prevails, in accordance with AFI 33-360, *Publications and Forms Management*.

Effective immediately all Airmen, with the exception of those assigned to sensitive duties programs, e.g. the Personnel Reliability Program, the Presidential Support Program or any Airman assigned to active flight status, are no longer authorized to hand carry their health treatment records from the losing MTF to the gaining MTF during a Permanent Change of Station or Assignment (PCS/PCA).

Prior to an Airman's PCS or PCA departure, records managers at each losing MTF are required to forward the outpatient medical and dental records of each Airmen to the gaining MTF using standard first class mail, certified mail, or other commercially available option that offers package tracking and/or arrival confirmation. Case by case exceptions are authorized only by the MTF Commander.

Airmen currently assigned to sensitive duties programs or active flying positions are authorized to hand carry their outpatient medical and dental records (in a sealed envelope) from the losing MTF to the gaining MTF. Upon arrival at the gaining MTF or medical unit, the health records must be surrendered to the MTF clinic or office responsible for the daily maintenance of these special records.

During a PCS or PCA action or MTF enrollment reassignment, the outpatient medical and dental records for all family members and retired Airmen, will be mailed using the same secure mailing requirements identified above. Active duty sponsors are not authorized to hand carry their family members' health records without MTF Commander approval and the written approval of any family member aged 18 years or older.

The guidance in this Memorandum becomes void after 180 days have elapsed from the date of this Memorandum, or upon incorporation by interim change to, or a rewrite of AFI 41-210, whichever is earlier.

CHARLES B. GREEN  
Lieutenant General, USAF, MC, CFS  
Surgeon General

## Claims for care while in transit

If you are seen by an urgent care provider or in the Emergency room while in transit the Provider should submit the claims to

Submit Medical Claims to:	Submit Pharmacy Claims to:
West Region Claims P.O. Box 77028 Madison, WI 53707-1028	Express Scripts, Inc. P.O. Box 66518 St. Louis, MO 63166-6518

## CLAIMS INFORMATION

Filing a claim can sometimes be a confusing process. Here are some general guidelines to help you understand the process.

- Claims are filed when a patient sees a civilian provider.
- The exact process of filing a claim differs, depending upon the status of the provider (i.e., Prime, Extra, or Standard).
- In some cases, the provider will file the claim; in others, the patient is responsible.
- It is important to fill out the claim form correctly and to include any necessary paperwork.
- All TRICARE-eligible individuals must be enrolled in DEERS.

## BENEFICIARY COUNSELING AND ASSISTANCE COORDINATOR

- Beneficiary Counseling and Assistance Coordinators (BCACs) serve as problem-solvers for patients. They work with the MTF staff, contractors, and claims processors to resolve patient concerns and questions regarding TRICARE. The Whiteman AFB BCAC can be reached at 660-687-2188, option 5, option 3, and then option 2, Mon-Fri 0730-1630. You can also stop by the Tricare Office located within the 509<sup>th</sup> MDG.

## BILLING PROBLEMS

- Patients with billing problems should call 1-888-874-9378 or visit the TRICARE Service Center (TSC). Anyone referred to a collection agency due to a TRICARE bill should come into the TSC in order to sign a release form authorizing TRICARE personnel to discuss the case with the collection agency.

## Scheduling Appointments in Transit

### **What should I do if I'm a Prime enrollee and get sick while traveling outside my region?**

You should contact TriWest at 1-888-874-9378 or the 509th Medical Group's after hours PCM line at 1-800-334-2958. For non-emergency care you must first obtain authorization. If you see a physician without authorization for a non-emergent problem, you will still be covered for some of the costs incurred under the Point-of-Service option. That option pays 50 percent of the cost after a separate, somewhat higher deductible is met (\$300 for single enrollment and \$600 for family enrollment).

**Routine** – Under most circumstances, non-emergent or non-urgent care is not authorized while you are away from home. You must call your PCM to obtain authorization prior to obtaining non-emergency care.

**Urgent** - Care for a medical condition that, while not life or limb threatening, is serious enough that you cannot delay treatment, for example, eye or ear infections and suspected bladder infections. Call your PCM for authorization prior to seeing a provider.

**Emergency** - Go to the nearest facility that is equipped to handle the situation or call 911. TRICARE covers emergency medical services no matter where you are and which plan you use.

### **After Hours Care**

For urgent care needed after duty hours, down days, weekends or on Holidays call the aftercare number @ 660-687-2188 or 1-800-334-2958.

## Useful Dental Websites/ Phone Numbers

**United Concordia (Active Duty family members):** <http://www.ucci.com>

Active duty family members are strongly encouraged to use the TRICARE Dental Program (TDP). This program is a voluntary, comprehensive dental program offered worldwide by the Department of Defense to family members of all active duty Uniformed Service personnel, selected Reserve and Individual Ready Reserve (IRR) members and/or their families. For enrollment information, call United Concordia at 1-888-622-2256.

Conus Customer Service 1-800-866-8499 24 hours per day

Oconus Customer Service 1-888-418-0466

## **Locating a TRICARE Service Center / Military Treatment Facility at new assignment:**

### **TRICARE Regions and Contractors**

**North Region Contractor:** Health Net Federal Services  
1 877-Tri-care

**South Region Contractor:** Humana Military Healthcare Services  
1-800-444-5445

**West Region Contractor:** Tri-West Healthcare Alliance  
1-888-Tri-West

### **Prescription Services while in transit**

#### **Use the options available to you for filling prescriptions under the TRICARE Pharmacy Program.**

For short-term trips, it is recommended that you refill your prescriptions before you travel. If you need to fill a prescription while on the road, there are several options available to you:

- MTF Pharmacies—you can fill a new prescription free of charge at a military treatment facility (MTF) pharmacy. To locate a nearby MTF, visit **[www.tricare.osd.mil/mtf](http://www.tricare.osd.mil/mtf)**.
- TRICARE Retail Pharmacy (TRRx) Program—The TRRx network features more than 53,000 retail pharmacies in the U.S., Puerto Rico, Guam and the U.S. Virgin Islands where you can get a 30-day supply of your prescription filled for a small copayment. To locate a TRICARE retail pharmacy, visit [www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE) or call toll free 1-866-DoD-TRRx.
- TRICARE Mail Order Pharmacy (TMOP) Program—If you take an extended vacation, you can get a 90-day supply of your prescription filled through TMOP for a small copayment. Call 1-866-DoD-TMOP for more information about using TMOP while traveling.
- Non-network Retail Pharmacies—Your last resort is to fill your prescription at a non-network retail pharmacy since it is the most costly option, subject to higher cost-shares and deductibles. You'll likely need to pay for the prescription and file a claim for reimbursement.

# **Transferring / Changing your Primary Care Manager (PCM) to a New Military Treatment Facility (MTF)**

## **Permanent Change of Station (PCS)**

Out-processing checklists at each base include the local TRICARE Service Center (TSC). When moving to a different region, you will have up to 30 days at the new site to enroll. Your old region will cover you for care until you enroll at the new region

### **If my family moves to a different region, are we (active duty) automatically assigned a new Primary Care Manager?**

No. Visit your local TSC for PCM assignment. For family members, enrollment in TRICARE Prime is on a voluntary basis. If you move to a different region, you will have up to 30 days at the new site to enroll. Your old region will cover you for care until you enroll at the new region. Enrolled members will start a new 12-month enrollment period.

### **What do I do prior/before my PCS?**

Prior to your PCS please stop by the 509 MDG Patient Administration offices if you have questions or concerns. The 509 MDG Patient Administration offices offer administrative support for all relocations.

It is important that when the sponsor is notified of a PCS assignment, and a family member is enrolled in the Exceptional Family Member Program, he/she call 687-2188, option 1, and then option 4, immediately for an appointment. This will ease assignment delays.

When in-processing at your new assignment, you must transfer your enrollment from this region to your new location. Should unusual circumstances apply (i.e. four month TDY en route to PCS), contact the TRICARE Service Center or Military Beneficiary Counseling Assistance Coordinator (BCAC). <http://www.tricare.mil/bcacdcao/>

# How to avoid Point of Service Charges While in Transit

## What is a referral? What is an authorization?

A provider referral is issued to TRICARE Prime beneficiaries in need of specialty care that their primary care manager (PCM) cannot provide. TRICARE Standard beneficiaries do not need referrals.

## I am a Prime beneficiary - how can I find out which procedures require prior authorizations?

As a Prime family beneficiary, *all procedures not performed by your primary care manager (PCM)* (except emergency care, clinical preventive services and some behavioral health care) require prior authorization.

## I am a Prime beneficiary - what happens if I receive specialty care without a referral or authorization?

For non-emergency care, the TRICARE Prime point of service (POS) option applies if TRICARE Prime and TRICARE Prime Remote for Active Duty Family Member beneficiaries receive specialty care without authorization.

Active duty Service members ***must*** have a referral and authorization before seeking specialty care.

The POS deductible applies only to outpatient services, and the cost-share applies to both inpatient and outpatient services. TRICARE reimbursement under POS is limited to 50 percent of the TRICARE allowable charge.

The POS option also applies to prescription drugs. If you take your prescription into a non-network pharmacy, you will pay more. POS cost-sharing and deductible amounts do not apply if you have other health insurance. The POS deductibles and cost-shares are as follows (for all beneficiary categories):

Deductibles: \$300 per individual/\$600 per family

Cost-share: 50 percent of the TRICARE allowable charge

## **Customer Satisfaction “Feedback” on Services at Whiteman AFB and your Out-Processing Experience.**

### **Your opinion is important to us**

There are preaddressed customer comments cards located in each section of the 509<sup>th</sup> MDG. We value your opinion so please fill one out. You can drop it in the lock box also located in each section or send it via mail. [509\\_MDG\\_Patient\\_Admin@whiteman.af.mil](mailto:509_MDG_Patient_Admin@whiteman.af.mil).

Please help the medical facility commander provide the best possible care to all beneficiaries. If you have a concern, problem, question, or compliment please ask for the patient advocate for the section in question. If further assistance is needed, contact the 509 MDG Patient Advocate at 660-687-2188, option 5, and then option 2.

## **TRICARE Assistance**

### **Useful TRICARE Websites**

#### **DoD Military Health System Website [www.tricare.osd.mil](http://www.tricare.osd.mil)**

In addition to information about benefits, programs, policies and various resources, the site maintains the latest updates to your healthcare benefits.

#### **TRIWEST [www.triwest.com](http://www.triwest.com)**

TriWest is the Managed Care Support Contractor (the contractor responsible for managing the TRICARE health care system) for the West region. The 509th Medical Group falls within the West region.

#### **Whiteman AFB Homepage <http://www.whiteman.af.mil/>**

The Whiteman AFB Homepage maintains a myriad of information about base services, including the 509th Medical Group.