



325th Medical Group
Tyndall AFB
Patient Handbook

Mission Statement

Deliver Ready Reliable Care for Unrivaled Airpower

Vision Statement

Optimizing health and readiness through innovation and partnerships

Medical Group Organization

The 325th Medical Group is comprised of two squadrons:

- 325th Operational Medical Readiness Squadron
- 325th Medical Support Squadron

Key telephone numbers for the Medical Group are listed at the end of this handbook

The single access telephone number for the 325 MDG is (850) 283-2778

TABLE OF CONTENTS

How to Schedule/Cancel Appointments	6
Scheduling Appointments	6
By Phone	6
MHS Genesis Patient Portal	7-8
No Show Policy	8
Local Medical Services in the Network	9
Care After Hours/Care Outside the MTF	10
Emergency Care	10
After Hours and the Nurse Advice Line (NAL).....	10
Urgent Care	10
Referrals	10
Out of Area Care Procedures	11
Definitions and Examples of Types of Care	12
Eligibility	13
TRICARE Prime Enrollment	14
325 MDG Specific Enrollment Policy	15
TRICARE Enrollment Programs	15
TRICARE Program Descriptions.....	15
TRICARE Prime Benefits.....	16
Point-of-Service Option (POS).....	16
Enrolling and Managing TRICARE Prime Enrollment.....	16
Network Co-payments	17
Dental	18
Active Duty Dental Care	18
TRICARE Dental Program	18
Vision	19
Active Duty Service Members	19
Active Duty Family Members.....	19
Retirees/Retiree Family Members	19
Pharmacy	20
TRICARE Pharmacy Program	20
325 MDG Pharmacy.....	20

TRICARE Pharmacy Home Delivery	22
Patient Centered Medical Home.....	23
Mission, Vision and Goals	23
Enrollment with the 325 MDG	23
Types of Services	24
Warfighter Operational Medicine Clinic	24
Flight Operational Medicine Clinic	24
Health Promotion	24
Primary Care Behavioral Health	25
Optometry	25
Dental	25
Immunizations.....	25
Family Advocacy	25
Mental Health.....	26
Radiology	26
Lab	26
Pharmacy.....	26
Self-Initiated Care Kit (SICK) Program	27
SICK Medication Program Request Form	27
Public Health.....	27
Travel Clinic	27
Medical Management Services	28
Bioenvironmental Engineering	28
Patient Advocate Program	28
Advance Directives	29
Referral Management.....	29
Obtaining and Tracking Referrals	30
Second Opinion Referrals	30
Claims/Benefits Counseling.....	30
Filing Claims	30
Coordinating Claims with Other Health Insurance	31
Appeals.....	31
Beneficiary Counseling and Claims Assistance.....	31

Patient Rights and Responsibilities	32
Patient Rights	32
Patient Responsibilities	33
Patient Privacy Rights	33
Customer Feedback	34
Other Important Information.....	34
Health Record Custody Policy	34
How to Obtain a New TRICARE Card.....	35
Affordable Care Act.....	35
Directory	36-38

HOW TO SCHEDULE/CANCEL APPOINTMENTS

Scheduling Appointments

The organization coordinates the patient's care, treatment, or services within a time frame that meets the patient's needs. We meet patient needs by using the following appointment types as directed.

24HR – (24 hrs. or less) primarily used for patient care conditions requiring care within 24 hours of the request. It may also be used for non-urgent patient conditions, but must be balanced with urgency and availability

FTR – (7 days or less) used for patients requesting non-urgent services beyond 24 hours (such as for routine, wellness and follow-up care).

SPEC – (within 28 days) used for an initial consult/referral appointment. It may also be used for a patient initiated self-referral appointment. Our appointing system will automatically assign the access to care standard and category that matches the referral's clinical priority entered by the requesting provider.

PROC – (within 28 days) used for patients in need of medical procedures. A procedure appointment will be booked and seen with a provider within 28 calendar days or per the provider's designation. Within Primary Care clinics, a referral is generally not required. If the PROC appointment is not performed within the patient's medical home, a referral will be required.

You can schedule your appointment by phone or through MHS Genesis Patient Portal.

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

By Phone

Appointments are available by calling: [\(850\) 283-2778](tel:8502832778)

Listen to the phone tree menu and select the appropriate clinic.
7:30 a.m.- 4:30 p.m., Monday through Friday.



The MHS GENESIS Patient Portal is a secure website for 24/7 access to your health information, including managing appointments and exchanging messages with your care team. The new patient portal is launching at sites as MHS GENESIS deploys, replacing the TRICARE Online Secure Patient Portal.

MHS Genesis Patient Portal is located at:

<https://myaccess.dmdc.osd.mil/identitymanagement/app/login> and can be accessed by:

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

Through the MHS GENESIS Patient Portal, you can:

- View health information
- Schedule appointments
- Communicate securely with providers

The MHS GENESIS Patient Portal is replacing the TRICARE Online Secure Patient Portal.
What does this mean for me?

- If you have a current TRICARE Online account, it will migrate to MHS GENESIS on Sept. 24, 2022. **No action is necessary from you.**
- If you don't already have a TRICARE Online account, you can log onto my.mhsgenesis.health.mil using your DS Logon Premium Account.
- If don't have a DS Logon Premium Account or if you have questions about DS Logon, visit the milConnect website or call **1-800-538-9552**.

Missed, Late or Wrong day Appointments

The direct care system defines a missed appointment as an appointment for which the patient is not present or when the patient is more than 10 minutes late for the scheduled appointment time.

(1) If the patient arrives more than 10 minutes late, the MTF will offer to work the patient in with the same or a different provider before the end of day. If the patient chooses to reschedule, the patient status will be marked No-Show. If the patient chooses to wait, the visit will be documented in the current encounter.”

(2) If the patient prefers, the MTF will offer to reschedule the patient at a day and time of the patient's preference.

(3) If the patient presents to the MTF for an appointment on the wrong day, the MTF will offer accommodate the patient as availability allows.

Additionally, commanders may be notified of No-Shows of Active Duty (AD) members under their command.

Training Days

The entire 325 MDG is closed on the final Tuesday of each month for mandatory training.

Patients can still cancel appointments and leave messages by calling [\(850\) 283-2778](tel:8502832778)

LOCAL MEDICAL SERVICES IN THE NETWORK

Ascension Sacred Heart Bay

615 N Bonita Ave Panama City, FL 32401

(850) 769-1511

<https://healthcare.ascension.org/locations/florida/flpen/panama-city-ascension-sacred-heart-bay>

HCA Florida Gulf Coast Hospital

449 W 23rd St Panama City, FL 32405

(850) 769-8341

<https://www.hcafloridahealthcare.com/locations/gulf-coast-hospital>

Coastal Urgent Care

1702 Ohio Ave

Lynn Haven, FL 32444

(850) 571-5844

<http://www.mycoastalurgentcare.com>

Emerald Coast UC Panama City Beach

2704 Thomas Drive

Panama City Beach, FL 32408

(850) 236-8655

<https://emeraldcoasturgentcare.com>

HCA Florida Gulf Coast Primary Care PCB

(850) 249-1000

16181 Panama City Beach Pkwy

Panama City Beach, FL 32413

<https://www.hcafloridaphysicians.com/locations/gulf-coast-primary-care>

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 Provider or regional contractor before receiving emergency medical care. In all emergencies, your Provider must be notified within 24 hours or on the next business day following admission to coordinate ongoing care. If you visited an out of area ER, please let us know so we can ensure you receive proper authorization.

After Hours and the Nurse Advice Line (NAL)

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

Call the Nurse Advice Line at [\(800\) TRICARE](tel:800-TRICARE), [\(800\) 874-2273](tel:800-874-2273) and select [option one](#) 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.

Currently under TRICARE Prime, a network Urgent Care without a referral may be used (**excluding active duty**). Active Duty military will require a referral prior to being seen at the urgent care center. **Active Duty must call the Nurse Advice Line and/or 325 MDG PCM nurse for a referral prior to going to an urgent care clinic.** Patients are to call Humana Military [\(800\) TRICARE](tel:800-TRICARE), [\(800\) 874-2273](tel:800-874-2273) [option one](#), or the 325 MDG PCM nurse at [\(850\) 283-2778](tel:850-283-2778) to be triaged prior to going to urgent care.

Referrals

Under TRICARE Prime, the Primary Care Manager (PCM) will provide referrals for the member to receive services from specialty care. The patient will be notified of the authorized referral within 10 business days. Notification will either be by phone or in writing. The patient can also check the status of the authorization, 24-hours a day by calling [\(800\) 444-5445](tel:800-444-5445) or by logging onto www.humana-military.com and registering for beneficiary services. If Active Duty seek care from a non-network TRICARE-authorized provider without a referral from their PCM or prior authorization from their regional contractor, then the member is using the point-of-service (POS) option, which may result in higher out-of-pocket costs for non-active duty members.

Note: Active Duty Service Members always require referrals for any civilian care, including clinical preventive services, urgent care, mental health care and specialty care.

Out-of-Area Care

As a TRICARE Prime enrollee, Active Duty are covered by TRICARE if becoming ill or injured while traveling stateside or overseas. Contact TRICARE for assistance locating a provider, [\(800\) 444-5445](tel:8004445445).

Keep your DEERS information up to date

Keep all Defense Enrollment Eligibility Reporting System (DEERS) information current. Otherwise, care may be denied or payment delay for claims.

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.	Patient does not need to call their primary care manager (PCM) before receiving emergency medical care. Patient's 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.	Active Duty call their 325 MDG PCM for appropriate guidance. For afterhours guidance, call the NAL at: 800 TRICARE 800 874-2273 Urgent care in a network clinic does not require a referral for TRICARE Prime users with exception to Active Duty military members.	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.	Active Duty will receive most routine care from the 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.	The PCM will refer the Active Duty to another health care provider for care he or she cannot provide and will coordinate the referral with the regional contractor when necessary.	Cardiology, dermatology, gastroenterology, obstetrics.

ELIGIBILITY

For active duty located in areas where TRICARE Prime is available, enrollment in TRICARE Prime is mandatory. Active duty family members and retirees and their family members may also enroll in TRICARE Prime if they live in a Prime Service Area.

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

To substantiate eligibility for health care, the patient must be enrolled in DEERS and present a valid military identification (ID) card 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. 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 Military Personnel Section located with the Military Personnel Flight (MPF) at 445 Suwannee Rd, Bldg. 662.
- Call the Defense Manpower Data Center Support Office at [\(800\) 538-9552](tel:8005389552). Hours of operation are Monday-Friday, 5 a.m.- 5 p.m. (Pacific Standard Time), except on federal holidays.

- Fax changes to DEERS at [\(800\) 336-4416](tel:8003364416). 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 Rd
Seaside, CA 93955-6771

TRICARE PRIME ENROLLMENT

325 MDG Specific Enrollment Policy

Tyndall's 325 MDG is restricted to enrollment of Active Duty only. All Active Duty personnel must be enrolled with the 325 MDG. Members empaneled to the Operational Medicine Clinic will be assigned a PCM based on assigned squadron and AFSC. All other beneficiaries, to include dependents and retirees, will need to contact the regional contractor, Humana Military at (800) 444-5445) for more specific guidance on current enrollment rules.

To assist you with choosing a PCM you may view information regarding their professional status and credentials by requesting this information in the Warrior Medicine Clinic.



TRICARE Enrollment Programs

Beneficiary Type	Program Options
Active Duty Service Member	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 Select TRICARE For Life (TFL) TRICARE Dental Program (TDP) **
Retired Service Members and eligible family members	TRICARE Prime ** TRICARE Select 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 Select	Fee-for-service option available to eligible non-Active Duty Service & non-TRICARE for Life members allows you to choose your own TRICARE-authorized provider and manage your own healthcare.
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 United Concordia. 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 Federal Employees Dental and Vision Insurance Program (FEDVIP). BENEFEDS.com is the government-authorized secure enrollment portal for FEDVIP.

*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 the 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 the patient 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 Select. 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

TRICARE Prime enrollment or transfer of enrollment can be accomplished by phone, online or by mail.

By Phone

For active duty service members, active duty family members or retiree who just moved to Tyndall AFB or the surrounding area, contact the regional contractor to transfer your TRICARE Prime enrollment. The regional contractor, Humana Military, will help transfer the member to a local primary care manager. Humana Military can be reached by calling (800) 444-5445.

Online

The Beneficiary Web Enrollment (BWE) website can be used to transfer enrollment. For more information or to access BWE, visit [https:// milconnect.dmdc.osd.mil/](https://milconnect.dmdc.osd.mil/) 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

TRICARE Prime enrollment can be transferred 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

Active Duty do not pay any out-of-pocket costs for care. Active duty family members enrolled in TRICARE Prime, generally do not pay out-of-pocket for care except when using the Point of Service option. Retired service members, their families and all others pay 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.

DENTAL



Active Duty Dental Care

Active duty receives dental care with the 325 MDG at the Dental Clinic (Bldg. 1465). The dental flight provides comprehensive dental care to active duty personnel to ensure

Tyndall AFB is “dentally ready” for world-wide duty. The Dental Clinic does require a notice of 24 hours to cancel your appointment in order to avoid a “broken” appointment. To schedule an appointment, please call [\(850\) 283-7448](tel:8502837448).

Access to emergency care to relieve severe pain, uncontrolled bleeding or swelling caused by infection during normal duty hours can be obtained by calling the dental clinic front desk at (850) 283-7444 to schedule a sick call appointment.

Access to emergency care to relieve severe pain, uncontrolled bleeding or swelling caused by infection AFTER HOURS can be obtained by calling the MDG Appt Line at (850) 283-2778 and following the prompts to access the “on call dentist.” Please note that an emergency room visit for non-life threatening dental conditions are not authorized without concurrence of the on call dentist.

TRICARE Dental Coverage

Family members of active duty members are eligible for the TRICARE Dental Program provided by United Concordia. Before enrollment can be completed, United Concordia must confirm eligibility for coverage with DEERS (Defense Enrollment Eligibility Reporting System). **It is extremely important that DEERS contains up-to-date information on each family member.** If the information in DEERS does not match the information you provide during the enrollment process, enrollment in the TDP may be denied or delayed.

To enroll visit: <https://milconnect.dmdc.osd.mil/milconnect/> or call (844) 653-4061

As of Jan. 1, 2019, dental plans are available through the Federal Employees Dental and Vision Insurance Program (FEDVIP), offered by the Office of Personnel Management. FEDVIP is a voluntary, enrollee-pay-all dental and vision program available to Federal employees and annuitants and certain uniformed service members. It is sponsored by the U.S. Office of Personnel Management (OPM) and offers eligible participants a choice between ten dental carriers.

Eligibility for the Federal Employees Dental and Vision Insurance Program (FEDVIP), offered by the U.S. Office of Personnel Management (OPM), expanded to include certain retired uniformed service members, active duty family members, and survivors during the Federal Benefits Open Season.

You may still be able to enroll in FEDVIP if you are either newly eligible for the program or have experienced a FEDVIP qualifying life event (QLE). The QLEs for FEDVIP may differ from QLEs for other federal benefits programs.

VISION CARE

Active Duty Service Members

Active duty is enrolled in TRICARE Prime and must receive all vision care at military hospitals or clinics unless specifically referred by their PCM) 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 an annual routine eye examination from network providers without referrals or prior authorizations. ADFMs covered by TRICARE Select may receive an annual eye examination from any TRICARE authorized providers (network or non-network).

FEDVIP vision coverage is available to ADFMs, and details of that coverage can be found in the FEDVIP Vision Care portion of this handbook on the next page.

ADFM electing to forgo FEDVIP will continue to receive TRICARE vision coverage for one annual exam.

Retirees/Retiree Family Members

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

FEDVIP Vision Care

Retired uniformed service members, active duty family members, and survivors are eligible for the Federal Employees Dental and Vision Insurance Program (FEDVIP), FEDVIP is a voluntary, enrollee-pay-all vision program that offers eligible participants a choice between four vision carriers. Enrollment in FEDVIP typically occurs during the Open Season, which runs from the second Monday in November through the second Monday in December each year. Eligibility to enroll in FEDVIP may exist if the member is

either newly eligible for the program or have experienced a FEDVIP qualifying life event (QLE). The QLEs for FEDVIP may differ from QLEs for other federal benefits programs.

Examples of FEDVIP QLEs include:

- Marriage
- Loss of other vision coverage
- Military pay or federal annuity or compensation was restored
- Gained a family member

- Lost a family member
- Transitioned from or to active duty
- Moved
- Transferred positions

For more details about FEDVIP, please see the following contact information:

Website: <https://www.benefeds.com>

Phone: 1-877-888-FEDS (1-877-888-3337)

Address: BENEFEDS–FEDVIP

P.O. Box 797

Greenland, NH 03840-0797

If not newly eligible or have not experienced a QLE, the next opportunity to enroll in FEDVIP dental and/or vision coverage will be during the 2019 Federal Benefits Open Season with coverage effective January 1, 2020. For more information, visit <https://tricare.benefeds.com/>

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 the 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.

325 MDG Pharmacy

The pharmacy accepts both military and civilian prescriptions for eligible beneficiaries. Prescriptions can be activated by calling 850-283-7557 or at the pharmacy window. Paper prescriptions must be brought to the pharmacy window for processing.

Pharmacy hours of operation are Monday-Friday: 7:30 a.m. - 4 p.m. Pharmacy is closed on Sat/Sun/Holidays/Training Day/Wing Down Days

Refills called in are ready after 1 duty day for processing i.e., if a prescription is called for a refill on Monday, the prescription will be ready for pickup on Wednesday the phone number for the refill system is (850) 283-7177.

If care is received from a civilian provider, please utilize the Tricare Formulary Search Tool at [Open Enrollment - Pharmacy Benefit Plans \(express-scripts.com\)](http://www.express-scripts.com) to determine coverage and availability.

TRICARE Pharmacy Home Delivery

TRICARE Pharmacy Home Delivery is the least expensive option when not using a military pharmacy for maintenance medications, which are medications used on a regular basis for chronic health conditions (e.g., high cholesterol, high blood pressure). Up to a 90 day supply of maintenance medications can be delivered directly to the patient's home. The Express Scripts Member Choice Center is available at [\(877\) 363-1433](tel:8773631433) to help switch prescriptions to the convenient, cost-effective home delivery option. Enrollment online or by phone is another option:

- **Online:** Visit www.express-scripts.com/TRICARE and select "Create Your Account" in the top left corner of the webpage. Once created, you're the patient's medications can be viewed in the "Prescriptions" section of the home page. To transfer prescriptions that are currently filled at a retail pharmacy to TRICARE Pharmacy Home Delivery, click "Transfer to Home Delivery." Express Scripts will then contact the patient's provider for a new 90-day prescription with refills. Express Scripts recommends having at least a 30-day supply of medication while the first order is processed.
- **Phone:** Call [\(877\) 363-1433](tel:8773631433) and a patient care advocate will work with the patient's provider to transfer maintenance medications to home delivery. Please have the prescription bottle handy.

What is Patient Centered Medical Home (PCMH)?

PCMH is a team-based model, led by a physician, which provides continuous, accessible, patient-centered, comprehensive, compassionate and culturally sensitive health care in order to achieve the best outcomes.

Mission of PCMH

To establish the Military Treatment Facility (MTF) as the Medical Home for enrolled beneficiaries and provide optimal patient-centered care using evidence-based clinical practice grounded in established population health principals.

Vision

Focusing on the “whole person” concept where the clinic provides preventive care, early intervention and management of health problems as a foundation.

Goals of PCMH

1. Work with 325 MDG beneficiaries to improve their health.
2. Foster a culture which promotes and delivers quality and timely evidence-based care.
3. Optimize teams by maximizing utilization and scope of practice of all clinic staff.

Enrollment with the 325 MDG

Upon arrival at the base and enrollment into our clinic, Active Duty will be assigned to a Patient Centered Medical Home (PCMH) team. A PCMH team is composed of physicians, nurse practitioners, and physician assistants. For the patient to get to know the PCMH team, most medical appointments will be made with their assigned PCM. This is important as it will the PCM to become familiar with the patient’s medical needs and it allows for better continuity.

Types of Services

Warfighter Medicine Clinic (WMC)

Offers comprehensive medical care to include routine preventive care, treatment for acute illnesses, minor injuries and chronic problems. Providers also perform a variety of outpatient procedures such as: wart treatments, skin biopsies, cyst and soft tissue removal, limited splinting, vasectomies, and joint injections.

In addition to routine appointments, WMC provides nurse/tech services for certain PCM prescribed injections, Urinary Tract Infection diagnoses, wart treatments, sore throat clinic, pregnancy testing, birth control injections, and suture/staple removal for all beneficiaries empaneled to the MDG between 8:00 a.m. -10:30 a.m. and 13:00 p.m. - 14:30 p.m. without an appointment.

On Friday mornings from 8:00 a.m. – 11:00 a.m. walk in contraceptive services are also available.

Flight & Operational Medicine Clinic (FOMC)

The FOMC serves as the acute/ primary care clinic for personnel on flight/controlling status and special operational duty. Please call (850) 283-7984 or 7410 to schedule an appointment, to include Return to Flight/Controlling Status.

The Base Operational Medicine Clinic (BOMC) monitors active duty physical health assessments (PHA). Additional information on PHAs can be found under the “MTF Instructions” tab on the MyIMR/ASIMS website via the AF Portal. The FOMC/ BOMC are closed on Training Days & Wednesday afternoons.

Physical Evaluation Board Liaison Officer (PEBLO): The PEBLO's function is to maintain/keep AD members in a deployment, Air Force Ready status. The Initial Review-In-Lieu-of (I-RILO) is a mechanism for initial evaluation of all conditions that may be unfitting for retention as per AFI 48-123 Ch 5 MSD. The I-RILO provides the screening tool for AFPC to determine if a Medical Evaluation Board (MEB) is needed. The Annual Review-In-Lieu Of (ARILO) is a method put in place for AFPC to review the Service Member annually for stability. The MEB process is a tool used by the Secretary of the Air Force to maintain a fit-to-fight force, compensate discharged members, and identify assignment limitations. Undergoing a MEB does not necessarily mean that you are going to be separated. The PEBLO is here to help you through the process. Any questions/concerns please contact Crystal Novak 850-283-7657/ crystal-lee.d.novak.civ@mail.mil and/or Shea Thompkins 850-283-7182/ shea.m.tompkins.ctr@mail.mil

Health Promotion

Health Promotion is the art and science of helping individuals, commands and the military community improve their health-related behaviors and outcomes.

Educational classes or programs are offered in the focus areas of nutritional fitness, sleep optimization, physical activity and tobacco prevention. These classes are open to all active duty and beneficiaries at no cost. Bod Pod assessments are conducted by appointment for those interested Fridays from 8:00 a.m. – 10:00 a.m. in the Medical Clinic. Health Promotion hours are 7:30 a.m. to 4:30 p.m. Health Promotions can be reached at (850) 283-7100.

Primary Care Behavioral Health (PCBH)

PCBH is the collaboration between your PCM and a BHOP professional (Licensed Clinical Social Worker and Licensed Nurse) working together to achieve Biopsychological care. Biopsychological care is the medical care that considers BIOLOGICAL (BIO), PSYCHOLOGICAL (PSYCHO; thoughts) and SOCIAL (Behaviors) factors leading to overall good health and wellness. Appointments are 30 minutes, and a patient cannot be seen for more than four appointments per issue. PCBH can help with short term issues such as: chronic pain, communication, diabetes, divorce, healthy eating, healthy thinking, grief and loss, relationship Issues, PCS stress, sleep, test anxiety, tobacco use, weight management and work stress. PCBH hours are 7:30 a.m. to 4:30 p.m. BHOP can be reached at (850) 283-2778.

Optometry

Their primary mission is to ensure military forces are vision - ready. Services include comprehensive routine eye examinations, evaluation and treatment of acute eye injuries and infections, evaluation and management of eye diseases, and the dispensing of military-issue spectacles and gas mask inserts.

The Optometry Clinic is open to all active duty patients enrolled to the MTF or on TRICARE Prime. These members should call the optometry front desk during their operating hours, Monday- Friday from 7:30 am- 4:00 pm, at (850)283-7005 to schedule an appointment.

Dental

The dental clinic provides comprehensive dental services for active duty members. Dental services offered include preventive (annual exams and cleanings), restorative (routine fillings and crowns), oral surgery (extractions), periodontics (gum disease treatment and maintenance), endodontics (root canals) and prosthodontics (partial dentures and implants).

Immunizations Clinic

Services are provided to active duty only. Immunizations are given on a walk-in basis, Monday-Friday from 7:30 a.m. to 4:00 p.m. Friday Afternoon Covid-19 Clinic will be held from 1:00 pm to 2:30 pm by appointment only (During this time only the Covid vaccine will be administered). All other immunizations can be conducted via walk-in. Immunization. When Scheduling your Covid-19 vaccine please use the following link: www.tricare.mil/dap. Clinic closes daily from 11:30 to 1:00 for lunch.

Family Advocacy

Family Advocacy Program: Services include a variety of classes (such as anger management) home or office visits with a nurse and/or social worker, individual therapy, marital therapy, family therapy and access to a vast lending library. Furthermore, the New Parent Support Program is available for persons who are expecting a child or who have children under the age of 3 years old.

Mental Health

The Mental Health Flight, comprised of the Mental Health Clinic, the Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program and the Family Advocacy Program (FAP), provides a variety of services to active duty personnel and in some cases dependent family members. Services are intended to bolster resilience to daily stressors and provide treatment for emotional and behavioral concerns as needed. Active duty members routinely seek mental health care for post-traumatic stress disorder, alcohol and drug abuse concerns, depression, anxiety, stress management, anger management, improving relationships, parenting advice and learning effective strategies for managing the normal “ups and downs” of life. Persons engaged in mental health services can expect to have their privacy maintained while receiving professional, competent, individualized treatment within a respectful and caring environment. Mental Health is open daily 7:30 a.m. to 4:30 p.m. The Mental Health clinic can be reached at (850) 283-7511.

ADAPT provides an array of services to Active Duty personnel, including treatment and prevention of substance use disorders. AD personnel can self-refer to ADAPT but can also receive a referral from a medical provider or command. ADAPT also provides educational materials and honest discussion to increase awareness of alcohol and other substance abuse to prevent future occurrences of abuse or alcohol/substance related incident. If substance abuse has progressed to a disorder, then evidence based treatment is recommended and enrollment in the ADAPT program is warranted to provide counseling and support during early stages of abstinence. AD personnel engaged in ADAPT services can expect to have their privacy maintained while receiving professional care in a respectful, caring environment. The ADAPT program is open Monday through Friday, 0730 to 1630 and staff can be reached at (850)283-7511.

Radiology

Services include routine X-rays; if copies of radiographic studies are needed, the patient can be supported by the Radiology front desk. Copies of digital images are stored on disc. For safety reasons children are not permitted in the exam rooms unless they are the patient. Hours are 7:30 a.m. to 4:00 p.m.

Laboratory

The lab provides a broad range of testing using in-house instrumentation and a combination of civilian and military labs to meet your needs. The DoD has contracted with LabCorp to expand our testing abilities. Hours are 7:30 a.m. to 4:00 p.m.

Pharmacy

All new and refill prescriptions are processed at the main pharmacy. Prescriptions are accepted for all eligible beneficiaries. Please call the refill line at [\(850\) 283-7177](tel:850-283-7177). When calling please ensure you have your prescription number in order to process your request.

SICK Program

The purpose of the Self-Initiated Care Kit (SICK) Program is to provide patients with the necessary tools that allow them to better manage their minor problems that do not require a trained medical provider. Enrollment in the program allows our patients to follow predetermined treatment algorithms, access the Tyndall main pharmacy for limited over-the-counter medications and provide self-treatment without requiring nurse or provider evaluation. This program is intended to treat Active Duty Members and their dependents only. Current enrollment forms can be obtained from the pharmacy.

Public Health

Public Health activities promote Force Health and Community Health Management. Programs include Deployment Health Assessment and Travel Medicine, Hearing Conservation Exams and Occupational Health, Medical Entomology and Mosquito Surveillance, Sexually Transmitted Infection Control and Education, Food Safety and Facility Sanitation Inspections, Epidemiology and Disease Containment, Animal Bite and Rabies Exposure Surveillance and Tuberculosis Prevention and Control.

Travel Clinic

Travel Medicine Process: First, travelers should call and set-up an appointment at [\(850\) 283-7138](tel:8502837138). Additionally, complete and submit a Pre-Travel Intake form at least 24 hours before the scheduled appointment. The form includes customer travel destination(s) and duration of travel. Next, Public Health will identify all potential medical threats then provide customers with a briefing about the destination(s). Also, technicians will identify any immunizations or medications needed for the duration of the trip. Lastly, customers will need to schedule an appointment with their PCM (as needed) to receive recommended immunizations and/ or medications. The Public Health Travel Medicine office is your first line of defense, and they will guide you every step of the way!

Medical Management Services

Disease Management programs utilize nurses specialized to help you with chronic medical conditions such as diabetes, high blood pressure and abnormal cholesterol. These conditions must be monitored closely to prevent complications. Disease management nurses support the health care team through a collaborative relationship working toward achievement of mutual goals of optimal wellness and prevention of complications from chronic diseases.

Exceptional Family Member Program (EFMP): is designed to identify regular active duty Air Force sponsors with dependents who have special medical and/or educational needs and require specialty care. The EFMP staff assist Air Force families through the Family Member Relocation Clearance process, when a special medical and/or educational need exists.

Medical Case Management: Case management is a collaborative process of assessment, planning, facilitation, care coordination, valuation and advocacy for options and services to meet your comprehensive health needs. This is accomplished through communication and available resources to promote quality, cost-effective outcomes. Case managers are an extension of the PCM team. We work with your provider, nurse and technician to assist with your individual medical needs including mental health. Eligibility criteria for services must be met for services.

Wounded Warrior Case Management Program: The Wounded Warrior Case Management Program is a voluntary program designed to identify and assist Air Force members who have sustained a significant injury, have been diagnosed with a serious illness or have been wounded. Service members are screened for medical and psychosocial needs by the military provider and a specialized referral is submitted to Air Force Personnel Center (AFPC) with a brief history of the members' illness or injury. AFPC will determine if the recovering service member meets criteria to be assigned a recovery care team.

Bioenvironmental Engineering

The Bioenvironmental Engineering (BE) flight develops plans and implements activities as part of the 325 MDG preventive health program as well as maintaining compliance with local, state, Air Force and federal occupational health mandates. Major BE activities focus on assessing health risk in the areas of industrial hygiene, radiation protection, environmental health and readiness. Additionally, the flight initiates, directs, conducts and reports on health and safety activities to the base populace, as well as state and federal regulators as required.

Patient Advocate Program

The 325 MDG Patient Advocacy Program is an integral component of the medical group's total quality approach to patient care. Our goal is to commit every element of our organization to the creation of an exceptional experience for you.

Each patient care and ancillary service area has a designated customer service representative, called patient advocates, available to assist in resolving your concerns. There is a picture of the 325 MDG's Patient Advocate, along with the name and contact information for that specific section's Patient Advocate located in each section. The first step patients should take, if they have a concern is to contact the respective section's Patient Advocate. [\(850\) 628-0025](tel:8506280025).

If the issue cannot be resolved at the level where service was provided, it will be elevated to the 325 MDG's Patient Advocate, who can be reached at [\(850\) 628-0025](tel:8506280025).

If you are an Active Duty member desire to change your PCM, please see a Patient Advocate for the section in which your current Provider is located (Warrior Medicine Clinic, or Flight Medicine) to request a PCM Change Request form.

Advance Directives

Mentally competent adults generally have the right to decide for themselves whether they want medical treatment. This right to decide—say yes or no to treatment— applies to treatments that extend life, like life support machines or artificially administered food and fluids (fluids and feeding through a tube).

An accident or illness can take away the ability to make one's own health care decisions. In this event, someone still must make these difficult decisions. Advance directives are tools that can be used to address this situation. The two types of advance directives are a living will and a durable medical power of attorney. Simply stated, a living will allows a patient to indicate what medical treatment they do or do not want if, in the future, the patient is unable to make their wishes known. A durable medical power of attorney allows the patient to appoint someone to make medical decisions for you if, in the future, you are unable to make decisions for yourself.

Patients are encouraged to seriously consider creating an advance directive because it permits the member to exercise freedom of choice regarding their own medical care.

For further information and to have one or both legal documents prepared, contact the Staff Judge Advocate Office at (850) 283-4681. Once prepared, please have a copy placed in your outpatient medical record in addition to other copies you keep for your own use.

Referral Management Center (RMC) Obtaining and tracking referrals

If active duty or active duty family members have been given an off-base referral the below in order as listed will need to be accomplished:

1. Call the Referral Management Center at 850-283-2778 and follow the prompts for referrals.
2. After 72-hours, visit the Humana website at www.humana-military.com, call Humana at (800) 444-5445, or download and visit the Humana app to confirm the network referral and to see the details of the referral.
3. Call the specialty provider's office directly to schedule your appointment (the provider's information will be listed in the referral details).
4. Once you have booked the appointment, call 850-283-2778 to notify us that you have scheduled your appointment so we can close it out. We will need:
 - a. Patient's name
 - b. Last four of the sponsor's social security number
 - c. Patient's date of birth
 - d. Name of specialty clinic and specialist
 - e. Date and time of appointment

Important: If you do not leave a message with your appointment information, an automated referral reminder system will call you at regular intervals to remind you to make your appointment.

5. If the off-base provider requests medical records, the patient is to immediately contact the 325 MDG PCM team via (850) 283-2778 or send a secure message
6. If the network provider will not allow the patient to book an appointment, please contact the RMC.
7. TRICARE will utilize the address information on file in DEERS. DEERS information is always utilized to contact the patient concerning their health care. To update DEERS information please reference the Eligibility section above.

****NOTE: Seeing a specialty clinic provider or network provider without an approved referral will result in a claim processing as Point of Service (out of pocket expense).**

Second Opinion Referrals

If the patient desires a second opinion referral, a request may be made through the PCM team. A referral for evaluation only will be granted. Once completed the plan of care will be reviewed. If the patient requests to continue care with the second opinion provider this will be reviewed by the Utilization Management department as well as the Chief of Medical Staff for determination.

CLAIMS/BENEFITS COUNSELING

Filing Claims

In most cases, a patient does not need to file claims for health care services. However, there may be times when the patient will need to pay for care up front and then file a claim for reimbursement. The patient 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). The form can be download from the TRICARE website 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
- Proof of payment
- Diagnosis (if the diagnosis is not on the bill, complete block 8a on the form)

Coordinating Claims with Other Health Insurance (OHI)

Keep Humana Military and health care providers informed about OHI so benefits can be better coordinated and prevent claim payment delays (or denials). To update OHI, visit www.tricare.mil/ohi. OHI rules on how to file a claim are to be followed first. If there is a billed amount the OHI does not cover, the patient can file a claim with TRICARE. After OHI pays its portion, the patient will need to submit a copy of the

Explanation of Benefits (EOB) and a copy of the itemized bill with as part of the 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.

Appeals

A patient may appeal the denial of a requested authorization of services, as well as TRICARE decisions regarding claims payments, by submitting an appeal to the 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 aids with questions and/or medical claims issues. The Health Benefits staff will assist patients, including those with Prime or Select coverage and can be contacted at (850) 283-2778. Additionally, the RMC staff can support within the MDG.

PATIENT RIGHTS AND RESPONSIBILITIES

Patient Rights

Our patients have the right to:

- **Medical Care and Dental Care:** The right to the timelines, quality of care and treatment consistent with available resources and generally accepted standards. You also have the right to refuse treatment to the extent permitted by law and government regulations and to be informed of the consequences of your refusal.
- **Respectful Treatment:** The right to considerate and respectful care, with recognition of your personal dignity.
- **Privacy and Confidentiality:** The right, within law and military regulations, to privacy and confidentiality concerning medical care.
- **Identity:** The right to know, at all times, the identity, professional status and profession credentials of health care personnel, as well as the name of the health care provider primarily responsible for your care.
- **Explanation of Care:** The right to an explanation concerning your diagnosis, treatment, procedures and prognosis of illness in terms you can be expected to understand. When it is not medically advisable to give such information to you, the information should be provided to appropriate family members or, in their absence, another appropriate person.
- **Informed Consent:** The right to be advised in non-clinical terms on information needed in order to make knowledgeable decisions on consent or refusal for treatments. Such information should include significant complications, risks, benefits and alternative treatments available.
- **Research Projects:** The right to be advised if the facility proposes to engage in or perform research associated with your care or treatment. You have the right to refuse to participate in any research projects.
- **Safe Environment:** The right to care and treatment in a safe environment.
- **Facility Rules and Regulations:** The right to be informed of the facilities' rules and regulations that relate to patient or visitor conduct. You should be informed about smoking rules and should expect compliance with those rules from other individuals.
- **Patient Complaints:** The right to be informed about the facilities' mechanism for the initiation, review and resolution of patient complaints.
- **Pain Management:** You have the right to appropriate assessment and management of pain.

Patient Responsibilities

- **Providing Information:** The responsibility to provide, to the best of their knowledge, accurate and complete information about complaints, past illness, hospitalizations, medications and other matters relating to your health. The patient has the responsibility to let the primary health care provider know whether they understand the treatment and what is expected of them.
- **Respect and Consideration:** The responsibility for being considerate of the rights of patients and facility health care personnel and for assisting in the control of noise, smoking and the number of visitors. Being responsible for being respectful of the property of other persons and the facility.
- **Compliance with Medical Care:** The responsibility for complying with medical and nursing treatment plan, including follow-up care, recommended by health care providers. This includes keeping appointments on time and notifying the facility when appointments cannot be kept.
- **Medical Records:** The responsibility for ensuring that medical records are promptly returned to the medical facility for appropriate filing and maintenance when records are transported by you for the purpose of medical appointments or consultation, etc. All medical records documenting care provided by medical or dental treatment facilities are the property of the military.
- **Facility Rules and Regulations:** The responsibility for following the rules and regulations affecting patient care and conduct. Regulations regarding smoking should be followed by all patients.
- **Reporting Patient Complaints:** The responsibility for helping the facility Commander provide the best possible care to all beneficiaries. Patient recommendations, questions or complaints should be reported to the service department or the patient advocate representative.

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 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: <https://www.tricare.mil/Privacy/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 325 MDG will serve as the 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 [\(850\) 283-7157](tel:8502837157) for any concerns or assistance you may require.

Customer Feedback

The men and women of the 325 MDG 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 an interactive customer evaluation (ICE), comment cards or use the QR codes available in the clinic waiting areas. Additionally, you may text your feedback to the phone number (850) 628-0025. Other avenues to provide feedback include the DoD mailed Joint Outpatient Experience survey (JOES).

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 325 MDG 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 your medical history.

If your PCM is at the 325 MDG and you receive care from a civilian provider, ask them to send copies of any treatment provided to the MDG for inclusion in your record. These documents will give your PCM valuable information about your medical condition and will improve their ability to provide quality health care.

Copies of your medical record can be requested from the TRICARE Operations and Patient Administration (TOPA) office Release of Information section located on the second floor of the main clinic, building 1465.

How to Obtain a New TRICARE Card

After enrolling in a TRICARE health plan, a wallet card will be available for download. The wallet card is not proof of eligibility.

Patients must present a uniformed services ID card as proof of coverage.

There are two options for downloading a wallet card:

- 1) Log in to the [Beneficiary Web Enrollment website](https://milconnect.dmdc.osd.mil/) (<https://milconnect.dmdc.osd.mil/>)
Click on the "request enrollment card" icon
- 2) If you signed up for eCorrespondence through MilConnect, [log into](#)

[MilConnect](https://www.dmdc.osd.mil/milconnect/) (https://www.dmdc.osd.mil/milconnect/)

Request a new card:

To log in to the Beneficiary Web Enrollment website or MilConnect you must have 1 of the following items:

- Common Access Card (CAC),
- DFAS (MyPay) Account
- DoD Self-Service Logon (DS Logon) Premium (Level 2) account

Enrollment or wallet cards are not available for TRICARE Select 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.

While in general, photocopying of military U.S. government identification to verify military service is a violation of Title 18, U.S. Code, Part I, Chapter 33, Section 701, there is an exemption to this policy for medical care.

Civilian and military medical providers are authorized to photocopy military ID as proof of insurance for the purposes of providing medical care to DoD beneficiaries. Like everything else in a patient's record, it is protected by law.

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 to provide affordable health insurance options to everyone. This is a primary difference between TRICARE and the ACA. TRICARE is not health insurance; it is a federal health care benefit 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. For more information, visit the TRICARE website.

<https://www.tricareonline.com/portal/page/portal/TricareOnline/Portal>

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.

DIRECTORY

325th Medical Group website	http://www.tyndall.af.mil/Units/HealthcareforTyndallAFB.aspx
325th Medical Group Facebook	https://www.facebook.com/325thMedicalGroup
Appointments	(850) 283-2778
Beneficiary Counseling and Claims Assistance	(850) 283-2778
Bioenvironmental Engineering	(850) 283-7214
DEERS Update	800-538-9552
Dental Services	(850) 283-7448
Exceptional Family Member Program (EFMP)	(850) 283-7656
Family Advocacy	(850) 283-7511
Flight Medicine (FOMC/BOMC)	(850) 283-7984
Health Promotions	(850) 283-3826
Humana Military (TRICARE Regional Contractor)	(800) 444-5445 www.humana-military.com
Immunizations Clinic	(850) 283-7137
Laboratory	(850) 283-7554
Mental Health & ADAPT	(850) 283-7511
Medical Records	(850) 283-7931

Medical Standards Medical Element (MSME)	(850) 283-7484
Nurse Advice Line (NAL)	(800) TRICARE (800) 874-2273
Optometry	(850) 283-7005
Patient Advocate	(850) 628-0025
Pharmacy	(850) 283-7557
Pharmacy Automated Refill Service	(850) 283-7177
Physical Health Assessment (PHA)	(850) 283-7464/7503
Privacy Officer	(850) 283-2778
Public Health	(850) 283-7159
Radiology	(850) 283-7541

Referral Management	(850) 283-2778
Text me Now	(850) 628-0025
Tyndall AFB	www.tyndall.af.mil
TRICARE	www.tricare.mil
Appeals	https://www.tricare.mil/ContactUs/FileComplaint
Web Enrollment	https://milconnect.dmdc.osd.mil/

Let us know how we are doing!

Like us on Facebook!

<https://www.facebook.com/325thMedicalGroup>

