Chapter 11 Section 2

Government Staff And Beneficiary Education

The Managed Care Support Contractor (MCSC) will conduct training for Military Health System (MHS) providers and staff regarding the TRICARE benefit. MCSCs will also develop a beneficiary education program to educate beneficiaries concerning all components of the TRICARE benefit to include the TRICARE Standard Program, TRICARE Prime, and Extra programs, and the TRICARE For Life (TFL) Program. Training materials may include a broad range of materials (slides, CDs DVDs). The Government is responsible for material development. Contractor suggestions for additional materials shall be reviewed and approved by the Government on a case-by-case basis.

1.0 EDUCATION REQUIREMENTS FOR GOVERNMENT PERSONNEL

1.1 The MCSC shall conduct one three-day TRICARE training course each quarter covering all aspects of the program including, but not limited to, TRICARE, overseas, and dual-eligibles. The location of the course shall be within the region; however, the exact location will change each quarter to allow maximum participation by Government personnel who require an in-depth understanding of TRICARE to successfully accomplish their assigned duties. The contractor shall follow the Government-provided training material in delivering the course. The Government will provide all handouts for the course. Government furnished facilities may be provided if determined by the Government to be in the best interest of the Government. The Government will be responsible for registration of attendees and collection of attendee evaluations. The MCSC will provide written feedback to the Government following each course to assist the Government in providing appropriate training materials. The TRICARE Regional Office (TRO) will provide oversight of the training.

1.2 The MCSC shall conduct three one-hour training sessions, followed by a question and answer session, for clinical and administrative personnel at each Military Treatment Facility (MTF) monthly. Training sessions will be at the date and time specified by the MTF Commander and shall correspond with the hours personnel work at the facility. The contractor shall follow the Government-provided training material in delivering the course which will cover all aspects of TRICARE including, but not limited to, TRICARE Prime, Extra, and Standard, the financial impact of MTF decisions on both the beneficiary and the MHS. The Government will provide all training materials and handouts for the course. Government-furnished facilities will be provided for the course location.

1.3 The MCSC shall provide one one-hour briefing, followed by a question and answer session, weekly to an audience specified by the MTF Commander. Such audiences might be Ombudsmen, support groups, obstetrical patients, retiree groups, parent groups, or dual-eligibles. The contractor shall follow the Government provided training material in delivering the course. Government-furnished facilities will be provided for the course location. The MCSC shall actively announce each briefing time, location, and audience through base publications, local fraternal organizations, and flyers posted throughout the installation.

1.4 The MCSC shall conduct three one-hour briefings, followed by a question and answer session, for military recruiters in the region, annually. Whenever possible, the briefings shall occur during the recruiters' annual regional/district conference, and cover all aspects of TRICARE. The contractor shall use the Government provided training materials (slides, notes, etc.) in delivering the course. The Government will provide all handouts for the course. Government-furnished facilities will be provided for the course location.

1.5 The MCSC shall provide one one-hour briefing covering all aspects of TRICARE, followed by a question and answer session, annually, at each Reserve/National Guard unit listed in the web sites below. The Regional Director (RD) will provide the date and time of each briefing. The MCSC shall use the Government-provided training materials (slides, notes, etc.). Government-furnished facilities will be provided at the course location. The Government will provide all handouts for the course.

- Air National Guard: http://www.goang.com/about/aboutang_locations.aspx
- Army National Guard: http://www.arng.army.mil/tools/unit.asp
- Navy Reserve: http://www.navalreserve.com
- Marine Reserves: http://www. marforres.usmc.mil/Units
- Air Force Reserves: http://www.afrc.af.mil/units.htm
- Army Reserves: http://www.army.mil/organization/reserveunits.html
- Coast Guard Reserves: http://www.uscg.mil/hq/reserve/reshmpg.html

2.0 BENEFICIARY SURVEYS

In accordance with Department of Defense Instruction (DoDI) 1100.13, and Health Affairs Policy Memorandum 97-012, surveys of military members, retirees and their families must be approved and licensed through issuance of a Report Control Symbol (RCS). Contractors shall not conduct written or telephonic beneficiary surveys without the approval of the TRICARE Management Activity (TMA) Health Program Analysis and Evaluation Directorate (HPA&E). TMA has an ongoing survey research and analysis program which includes periodic population-based and encounter-based surveys of DoD beneficiaries. The surveys address beneficiary information seeking strategies and preferences, health status, use of care, satisfaction with military and civilian care, and attitudes toward TRICARE. The data are collected at the Prime Service Area (PSA) level and can be aggregated to the regional level. Regional reports containing PSA data are available through the RD. Contractors shall work with the RDs to define both their ongoing and special purpose requirements for survey data. Contractors with special needs not met by an existing instrument may submit surveys, sampling plans, and cost estimates through the RD to the TMA, HPA&E, for approval and licensing.

3.0 BENEFICIARY CONTACT DATA

MCSCs shall collect and report customer service and beneficiary support workload to include categorization of the reason and volume of beneficiary inquiries received by call center and TRICARE Service Center (TSC) activities in accordance with government-directed data collection requirements contained in the contract and as directed in Chapter 14.

4.0 BENEFICIARY EDUCATION

The beneficiary educational program shall include the distribution of education materials to all eligible households in accordance with the Section 1. Educational efforts include supplying educational materials at TSCs and Beneficiary Counseling and Assistance Coordinator (BCAC), Debt Collection Assistance Officer (DCAO), and Health Benefits Advisor (HBA) offices, participation in "newcomer orientations" at military bases, outreach to National Guard and Reserve units, briefing at mobilization and demobilization sites and conducting general information sessions for all demographic categories (for example, active duty personnel, Active Duty Family Members (ADFMs), new retirees and their dependents, dual-eligible beneficiaries). The MCSC may use other communication tools to educate the beneficiaries including the news media (Section 4), via the World Wide Web (WWW), correspondence (Section 4), telephone (Section 4) face-to-face interaction at the TSCs (Section 3), and via e-mail, videos, CDs and DVDs.

5.0 WWW

MCSCs may elect to provide a web site for beneficiaries to access information specific to the MCSC's management of the TRICARE benefit. This web site shall not merely duplicate beneficiary information contained on the TRICARE web site (http://www.tricare.mil). Information posted on the MCSC web site will reflect the "look and feel" of the TRICARE web site (http://www.tricare.mil), and will be appropriately linked to information on that site. Information contained on the MCSC web site will not substitute for written or telephonic communication with the beneficiary if those communication tools are in the best interest of the beneficiary.

6.0 BENEFICIARY E-MAIL

MCSCs may elect to communicate with beneficiaries via e-mail. All beneficiary communications must be in accordance with Health Insurance Portability and Accountability Act (HIPAA) and the Privacy Act, and may not substitute for telephone or written communications if those are in the best interest of the beneficiary.

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