

CHAPTER 20 SECTION 6

TRICARE PRIME REMOTE FOR ACTIVE DUTY FAMILY MEMBERS PROGRAM

1.0. INTRODUCTION

1.1. The Fiscal Year 2001 National Defense Authorization Act requires TRICARE Prime like benefits be extended to certain Active Duty Family Members (ADFM)s who reside with the TRICARE Prime Remote (TPR) Active Duty Service Member (ADSM) sponsor in remote locations in the United States and the District of Columbia. The TRICARE Prime Remote for Active Duty Family Members (TPRADFM) program described in this section fulfills this requirement. The TPRADFM program shall be implemented in the fifty (50) United States. It provides health care to family members of active duty service members (ADSM)s of all seven Uniformed Services (Army, Air Force, Navy, Marine Corps, Coast Guard, Public Health Service and National Oceanic and Atmospheric Administration) in the United States and the District of Columbia who meet the eligibility criteria listed in Chapter 20, Section 1. ADFM)s who enroll in the TPRADFM program will enjoy benefits generally comparable to TRICARE Prime enrollees including access standards, benefit coverage, and cost shares. Before development of the TPRADFM program, the Geographically Separated Unit (GSU) program provided health care to remotely assigned members of all the Uniformed Services and eligible active duty family members in Regions 1, 2, 5, and 11. The contractors shall implement the TPRADFM program in Regions 1, 2, 5, and 11 in place of the GSU program, with the following exceptions: (a) contractors shall maintain networks and access to care standards according to the TRICARE drive time access standards of thirty (30) minutes drive time for primary care and one hour (1) drive time for specialty care; (b) contractors shall not develop primary care or specialty care networks for newly identified remote TPR units unless the contractor determines that such network development is cost-effective; (c) contractors shall continue to enroll eligible family members of all seven Uniformed Services in TPRADFM, (d) ADFM)s currently enrolled in the GSU program who do not reside with the TPR ADSM may remain enrolled, however new enrollees must meet the TPRADFM eligibility requirements. (e) ADFM)s currently enrolled in the GSU program may select another network Primary Care Manager (PCM) if their assigned PCM leaves the network.

1.2. This chapter describes contractor responsibilities related to health care for ADFM)s under the TPRADFM program. TPRADFM addresses access to care in TPR areas. A TPR area is defined as any area where the Lead Agent has designated the ZIP Codes as TPR for ADSM)s.

1.3. Current contract requirements apply to this program unless otherwise specified in this chapter.

1.4. Contractors shall furnish implementation plans to the Lead Agents, with a copy to the Contract Operations Division Contracting Officer's Representative (COR) within thirty (30) days of receiving the contract modification.

1.5. The interim Waiver of Charges benefit ends upon implementation of the TPRADFM program. The estimated date for implementation of the TPRADFM program is September 1, 2002.

1.6. *The TPRADFM program does not apply to ADFM enrollees in areas outside the fifty (50) United States. Such care and claims shall be processed in accordance with the TRICARE Overseas Program, Policy Manual, Chapter 12.*

2.0. ELIGIBILITY

2.1. *To be eligible (see paragraph 1.1. for GSU exceptions) for enrollment under the TPRADFM program, family members of active duty service members of the Uniformed Services, including eligible members of the federalized National Guard/Reserves on orders for one hundred and seventy nine (179) consecutive days or more, must meet the following eligibility requirements:*

2.2. *The ADSM sponsor is eligible (Chapter 20, Section 1) for, or enrolled (Chapter 20, Section 3) in TPR and the ADFM resides with the ADSM in a TRICARE Prime Remote area or,*

2.3. *The ADSM is enrolled to small government clinics, troop medical clinics, or other facilities not capable of primary care management functions. These clinics have been designated by the Services and are located in designated TPR ZIP codes. These clinics typically allow active duty enrollment only. These clinics are identified by Defense Medical Information System Identification Codes (DMIS-IDs) and a list of applicable DMIS-IDs for the region will be provided to the Managed Care Support Contractors (MCSCs) by their respective Lead Agent. The ADFM resides with the ADSM member enrolled to these DMIS-ID Clinics in a TRICARE Prime Remote area.*

3.0. BENEFITS

3.1. *ADFM's enrolled in the TPRADFM program are eligible for the Uniform HMO Benefit, even in areas without contractor networks.*

3.2. *The contractor shall provide all ADFM's with access to the network pharmacy system where available. Where network pharmacies are not available, enrollees may use any available retail pharmacy. A non-network pharmacy might insist that the enrollee pay immediately for prescriptions or other health care services (See paragraph 16.4.). In the case of pharmacy services, where the respective Lead Agent determines that no TRICARE network retail pharmacy has been established within a thirty (30) minute drive time from the residence of the TPRADFM enrollee, the cost sharing applicable to TRICARE network retail pharmacies will be applicable to all TPRADFM enrollees for pharmacy services obtained from non-network retail pharmacies.*

4.0. TPRADFM PROGRAM IN ALASKA

4.1. *The TRICARE Alaska Regional Office will be responsible for network development and other support functions in Alaska.*

4.2. *The contractor shall provide administrative services and support for this program according to the provisions of the current contract (e.g., TRICARE Service Center support and claims processing).*

4.3. *Payment for the TPRADFM program in Alaska shall remain under the not-at-risk provisions of the MCSC contracts.*

5.0. TPRADFM PROGRAM DIFFERENCES/SIMILARITIES

The following section highlights the principal differences/similarities between the traditional Prime Program and the TPRADFM program.

5.1. *Nonavailability Statement (NAS) requirements do not apply to any individual enrolled in TRICARE Prime, including those enrolled in TPRADFM.*

5.2. *If a new remote unit is identified in Regions 1, 2, 5, and 11 following implementation of the TPRADFM program, and the contractor determines the establishment of a network is not cost-effective, the contractor shall not be required to establish a primary care management network for that area.*

5.3. *If the contractor has not established a network of Primary Care Managers (PCMs) in a remote area, a TPR designated ADFM will be enrolled without a PCM assigned. A generic PCM code will be used for TPRADFM enrollees without assigned PCMs. The ADFM without an assigned PCM will be able to use a local TRICARE participating or authorized provider for primary health care services without preauthorization. If a TPRADFM has a question if a service is covered as primary care they may contact the HCF for assistance.*

5.4. *Point of Service (POS) cost-sharing and outpatient deductible amounts shall be applied to claims for ADFMs enrolled in the TPRADFM program, except for retail pharmacy claims as described in [paragraph 3.2](#).*

5.5. *TPRADFM program claims shall be included in the quarterly claims audit, and in the measurement of the claims processing standards in [Chapter 1, Section 3](#).*

5.6. *Current Other Health Insurance (OHI) processing procedures shall be applied to TPRADFM claims. (See TRICARE Reimbursement Manual, [Chapter 4, Section 3](#)).*

5.7. *If third party liability (TPL) is involved in a claim, normal development of TPL information from the ADFM shall apply.*

5.8. *The TPR for ADSM provisions for payment to providers who are not TRICARE authorized or certified does not apply to the TPRADFM program and such payments shall not be made unless such payments are allowed under the payment provisions for unauthorized providers contained in the TRICARE Reimbursement Manual.*

5.9. *The Military Medical Support Office (MMSO) and the Service Point of Contact (SPOC) are not involved in the referral and authorization process, nor in any other part of the TPRADFM program.*

6.0. HEALTH CARE PROVIDERS AND REVIEW REQUIREMENTS

6.1. Network Development

The TPRADFM program has no additional network development requirements, except where contractually required or deemed economically feasible.

6.1.1. For primary care, ADFMs enrolled in TPRADFM shall be assigned, or be allowed to select, a primary care manager when available through the TRICARE civilian provider network. The PCM shall be an individual physician, a group practice, a clinic, a treatment site or other designation. If a network provider is not available to serve as his/her primary care provider, then the TPRADFM enrollee shall be able to utilize any local TRICARE participating or authorized provider for primary care services.

6.1.2. TPRADFM enrolled family members shall be able to access their primary care provider without pre-authorization. Referrals to specialists shall require a pre-authorization by the regional MCSC HCF for medical appropriateness and necessity.

6.1.3. Enrolled ADFMs are required to use network providers, where available within TRICARE access standards (thirty (30) minutes for primary care, sixty (60) minutes for specialty care), when accessing care. If a network provider cannot be identified within the access standards established under TRICARE, the enrolled family member shall use a TRICARE authorized provider. In accordance with contract requirements, contractors shall assist ADFMs in finding a TRICARE network or authorized provider within the TRICARE Prime drive time access standards of one hour for specialty care. If criteria are met the beneficiary may be eligible for the new Prime travel benefit when referred more than one hundred (100) miles for specialty care.

6.2. Uniformed Services Family Health Plan (USFHP) (Formerly Uniformed Service Treatment Facilities [USTFs])

If a USFHP is available to ADFMs in a TPR area the ADFMs have the choice of enrolling in the USFHP, enrolling in TPRADFM, or to remain in TRICARE Standard. ADFMs choosing to enroll in USFHP will be unable to access care through MTFs or the TRICARE system.

6.3. Review Requirements

6.3.1. Primary Care

ADFM enrolled in the TPRADFM program can receive primary care services under the Uniform HMO Benefit without a referral, or an authorization. The contractor shall process primary care claims for TPRADFM enrollees without applying authorization, or referral review requirements. ADFMs with PCMs will receive primary care services from their PCMs. ADFMs without assigned PCMs will receive primary care services from TRICARE-authorized civilian providers.

6.3.2. Non-Emergency Specialty Care, All Inpatient Care, Mental Health Care, and Other Care

Existing requirements for preauthorization for specialty care under TRICARE Prime shall also be effective for TPRADFM enrollees.

6.3.3. Referred Care

6.3.3.1. If the ADFM has a PCM, the PCM shall follow the contractor's referral procedures and shall contact the health care finder (HCF) for an authorization.

6.3.3.2. In cases where the ADFM is not enrolled to a PCM the ADFM, or the ADFM's parent or guardian is responsible for directly contacting the contractor to obtain authorization. The ADFM

should obtain a referral request from their primary care provider which the ADFM would forward to the HCF.

6.3.4. Specialty Care Received With No Authorization or Referral

TPRADFM enrollees are required to obtain a referral/authorization and use TRICARE network providers for specialty care where available within TRICARE access standards or pay the POS deductible and cost share unless an appropriate out-of-network referral/preauthorization is obtained as required under TRICARE Prime.

7.0. APPEAL PROCESS

7.1. TPRADFM enrollees may appeal denials of authorization or reimbursement through the contractor in accordance with the appeal provisions of [Chapter 13](#).

7.2. If the contractor denies authorization or reimbursement for a TPRADFM enrollee's health care services, the contractor shall, on the Explanation of Benefits (EOB) or other appropriate document, furnish the enrollee with clear guidance for requesting a reconsideration from, or filing an appeal with, the contractor.

8.0. ADDITIONAL INSTRUCTIONS

8.1. No PCM Assigned

TPRADFM enrollees who reside in areas where a PCM is not available may directly access the HCF for assistance in arranging for routine primary care and for urgent specialty or inpatient care with a TRICARE-authorized provider. Since a non-network provider is not required to know the preauthorization review process, it is important that the ADFM coordinate all requests for specialty and inpatient care through the HCF.

8.2. Emergency Care

For emergency care, refer to the Policy Manual for guidelines. (Policy Manual, [Chapter 1, Section 7.1](#)).

8.3. Immunizations

Contractors shall reimburse immunizations as primary care under the guidelines in the Policy Manual. (Policy Manual [Chapter 1, Section 10.1A](#) and TRICARE Reimbursement Manual, [Chapter 2, Section 1](#) and [Addendum A](#)).

8.4. Ancillary Services

A HCF authorization for health care includes authorization for any ancillary services related to the health care authorized.

9.0. PROVIDER EDUCATION

Contractors shall familiarize network providers and, when appropriate, other providers with the TPRADFM program, billing procedures, referral procedures, and exceptions. Within thirty (30)

calendar days after implementation of the TPRADFM program, the contractor shall propose an educational plan to the Lead Agent outlining how providers will become familiar with the TPRADFM program. During the phase in of TPRADFM, the contractor shall provide separate and distinct information to PCMs about the requirements and the special procedures for handling care for TPRADFM (e.g., specialty care authorization requirements, balance billing limitations, etc.). On an ongoing basis, contractors shall include information on TPRADFM specialty care procedures, benefits, or requirements in routine information and educational programs.

10.0. MARKETING AND SUPPORT SERVICES

Marketing shall be a joint effort, but will rely on government provided or approved products. Enrollment in the TPRADFM program is optional for ADFMs who qualify for the program; therefore, a contractor shall limit marketing activities for TPRADFM enrollees to distributing the marketing material provided or approved by the Government. On an ongoing basis, contractors shall include information on TPRADFM specialty care procedures, benefits, or requirements in the same routine information and educational programs as required by contract for TRICARE Prime enrollees.

11.0. ENROLLMENT

11.1. Enrollment shall begin on July 1, 2002 with an effective date of September 1, 2002.

11.2. An enrollment application (supplied by the contractor) must be completed and signed by either the ADFM or the ADSM sponsor for each family member enrolling in the TPRADFM program. The completed and signed application will be submitted to the contractor. The effective date for TPRADFM program enrollment is the first day of the following month, if the application is received by the 20th of the month, or the first day of the second month, if the application is received after the 20th of the month.

11.3. Enrollment in the TPRADFM program is optional for ADFMs. However, ADFMs must enroll in the TPRADFM program to receive the TPRADFM benefit. ADFMs who elect not to enroll in TPRADFM may use the TRICARE Standard benefit, or enroll in TRICARE Prime, with access standards waived, where available. TPRADFM beneficiaries who elect not to enroll in TPRADFM, and instead receive benefits under the TRICARE Standard and Extra programs will be required to pay the associated TRICARE Standard and Extra cost-shares and deductibles.

11.4. When the contractor receives an enrollment application from an ADFM for the TPRADFM program the contractor shall ensure the ADSM sponsor is eligible for, or enrolled in the TPR program or a DMIS-ID clinic located in TPR designated ZIP codes.

11.4.1. The contractor shall match the residence addresses of the TPR eligible or enrolled ADSMs with their ADFMs. If the residence addresses match, to include ZIP code only match, the contractor shall deem the ADFM as eligible for the TPRADFM program and enroll the ADFMs in the program.

11.4.2. If the residence addresses of the TPR ADSMs and their ADFMs do not match the ADFMs shall be advised by letter they are not eligible for enrollment in the TPRADFM program and they shall remain eligible for TRICARE Standard, Extra, or Prime as appropriate. If required by contract, these ADFMs may still be eligible, under certain circumstances, for enrollment in TRICARE Prime.

11.4.3. If an ADFM enrollment application is received and the ADSM sponsor is either not eligible for TPR, or not enrolled in TPR or a TPR DMIS-ID clinic the application shall be returned to

the sender with a notice that the ADFM is not eligible for TPRADFM and the reason(s) why the application was denied. However, if required by contract, these ADFMs are eligible for enrollment in TRICARE Prime, the application shall be processed and the ADFM enrolled in TRICARE Prime

11.5. *Enrollments or disenrollments will occur upon change of duty location out of the remote area, transfer into a MTF/clinic catchment area, retirement, or separation from the Service. The ADFM or ADSM will be responsible for notifying the contractor when an enrollment transfer is needed. The contractor shall follow enrollment portability and transfer procedures in [Chapter 6, Section 1](#).*

11.6. *The contractor shall enroll the ADFM in the DEERS Online Enrollment System (DOES) and enter the TPRADFM's enrollment status into DOES. The contractor shall use the DMIS-ID code(s) designated by the Lead Agent for that region to enroll ADFMs into the TPRADFM program (see the ADP Manual).*

11.7. *The Defense Manpower Data Center (DMDC) shall produce and distribute TRICARE Prime enrollment cards to TPRADFM enrollees under the National Enrollment Database (NED).*

11.8. *The contractor shall provide TPRADFM Program enrollment information in reports in the format indicated in [Chapter 15, Section 4, paragraph 1.0.](#) and [Chapter 15, Section 6, paragraph 7.1.](#)*

12.0. PCM ASSIGNMENT

At the time of enrollment, an ADFM will select (or will be assigned) a PCM within the thirty (30) minute drive time access standard if available. The MCSC shall advise the ADFM of the availability of PCMs. If a PCM is not available the ADFM shall be enrolled to TPRADFM without an identified PCM. An ADFM without an assigned PCM within the access standards may use any TRICARE-authorized provider for primary care.

13.0. BENEFICIARY EDUCATION

13.1. *TRICARE Management Activity (TMA), in conjunction with the Lead Agent, will develop educational materials for the TPRADFM program. See [paragraph 24.0.](#) for a list of these materials.*

13.2. *If required by contract, the contractor shall distribute Self-Care Manuals to enrollees with instructions on how to use the manuals.*

13.3. *If required by contract, the contractor shall inform enrollees how to access the Health Care Information Line (HCIL) according to contract requirements.*

13.4. *If the contract includes Health Evaluation and Assessment Review (HEAR) survey requirements, the contractor shall administer the HEARs to TPRADFM enrollees, seventeen (17) years of age and older, according to contract requirements. For ADFMs without assigned PCMs, the contractor shall forward a copy of the HEAR survey results to the enrollee for inclusion in the family member's medical record and discussion with a provider.*

13.5. *The contractor shall give ADFMs the option of participating in health promotion and wellness programs offered in MTF and Prime program locations established by the contractor.*

13.6. *Educational activities in the TPRADFM program areas shall involve the joint efforts of the Services, TMA, the Service Medical Departments, the Lead Agent, and the contractor. The contractor*

shall distribute TMA-supplied educational materials (See [paragraph 24.0.](#)) for the TPRADFM program. The contractor may also develop and distribute educational materials subject to Lead Agent review and approval according to existing contract requirements ([Chapter 12, Section 2](#)). The contractor is responsible for postage, envelopes, and mailing costs for distributing educational material.

13.7. *During TPRADFM program implementation, the contractor shall design and conduct, with Lead Agent approval, TPRADFM program briefings. The contractor shall initiate these briefings no later than thirty (30) calendar days prior to the start of health care delivery. The contractor shall consult with the Lead Agent to determine briefing locations and times. The contractor must submit all briefing plans to the Lead Agent for review and approval with sufficient lead-time so that the thirty (30) day-prior-to-health-care-delivery requirement will be met. Contractors shall include TPRADFM program information and updates as part of all TRICARE briefings. Ongoing briefings will be on an "as needed" basis and will be coordinated with the Lead Agent. The contractor shall maintain records of the briefings to include a summary of the briefings with the dates, times, and locations. The contractor may propose to the Lead Agent alternative methods for supplying educational information to ADFMs eligible to enroll in the TPRADFM program.*

14.0. SUPPORT SERVICES

14.1. General

The requirements and standards in [Chapter 12, Section 4, 6, 7 & 8](#), apply to the TPRADFM program unless otherwise stated in this chapter.

14.2. Inquiries

14.2.1. *The contractor shall designate a point of contact for Government (Lead Agent, TMA, and Military Service) inquiries related to the TPRADFM program.*

14.2.2. *The contractor may establish a dedicated unit for responding to inquiries about the TPRADFM program, or may augment existing TPR service units already serving the ADSMs enrolled in TPR.*

14.2.3. *The contractor shall respond to all inquiries--written, telephone, walk-in, etc.-- related to claims processing procedures, network development issues, provider issues, the HCF authorization and referral process, related to TPRADFM Program issues. The correspondence operational requirements and standards in [Chapter 1, Section 3](#), apply to TPRADFM written inquiries. See [paragraph 14.3.](#) below for telephone guidelines.*

14.3. Toll-Free Telephone Service

The contractor shall provide a dedicated toll-free telephone line or augment existing TPR extensions for TPRADFM program beneficiary inquiries. See [Chapter 12, Section 8](#) for other telephone standards. The contractor shall handle provider inquiries through the contractor's existing provider inquiry system.

15.0. CONTRACTOR RESPONSIBILITIES AND REIMBURSEMENT

15.1. Claims Processing

15.1.1. Jurisdiction

15.1.1.1. The contractor shall apply TRICARE Prime Program claims processing procedures to claims for TPRADFM enrollees unless otherwise specified in this chapter.

15.1.1.2. The contractor shall process inpatient and outpatient medical claims for health care services provided worldwide to the contractor's TPRADFM enrollees.

15.1.1.3. The contractor shall forward claims for ADFMs enrolled in the TPRADFM program in other regions to the contractors for the regions in which the members are enrolled according to provisions in [Chapter 8, Section 3](#).

15.2. Claims Processing Procedures

15.2.1. The TPRADFM program does have a POS option; therefore, POS claims processing provisions do apply. (TRICARE Reimbursement Manual, [Chapter 2, Section 4](#)).

15.2.2. NAS requirements do not apply for TPRADFM enrollees.

15.3. Claims Authorization

The claims authorization guidelines for TPRADFM are the same as the guidelines for TRICARE Prime.

16.0. CLAIM REIMBURSEMENT

16.1. For network providers, the contractor shall pay TPRADFM medical claims at the negotiated rate.

16.2. For participating providers the contractor shall pay up to the CHAMPUS Maximum Allowable Charge (CMAC), or billed charges, whichever is less.

16.3. Contractors shall follow the requirements in [Chapter 7, Section 2](#) and TRICARE Reimbursement Manual, [Chapter 3, Section 1](#), for claims for TPRADFM enrollees receiving care from non-participating providers.

16.4. If a non-participating provider requires a TPRADFM enrollee to make an "up front" payment for health care services, in order for the enrollee to be reimbursed, the enrollee will need to submit a claim to the contractor with proof of payment and an explanation of the circumstances. The contractor shall process the claim according to the provisions in this section.

16.5. If the contractor becomes aware that a civilian provider is trying to collect "balance billing" amounts from a TPRADFM enrollee or has initiated collection action for emergency or authorized care, the contractor shall follow contract procedures for notifying the provider that balance billing is prohibited. (TRICARE Reimbursement Manual, [Chapter 3, Section 1](#)).

16.6. *If CMAC rates have been waived for TPR ADSM enrollees under Chapter 20, Section 4, paragraph 3.6., the TPRADFM enrollee shall not be extended the same waived CMAC rates. If required services are not available from a network or participating provider within the medically appropriate time frame, the contractor shall arrange for care with a non-participating provider subject to the normal reimbursement rules. The contractor initially shall make every effort to obtain the provider's agreement to accept, as payment in full, a rate within the one hundred percent (100%) of CMAC limitation. If this is not feasible, the contractor shall make every effort to obtain the provider's agreement to accept, as payment in full, a rate between one hundred (100) and one hundred fifteen percent (115%) of CMAC. By law the contractor shall not negotiate a rate higher than 115% of CMAC for TPRADFM care rendered by a non-participating provider. The contractors shall ensure that the approved payment is annotated in the authorization/claims processing system.*

17.0. THIRD PARTY LIABILITY (TPL)

TPL processing requirements (Chapter 11) apply to all claims covered by this chapter. When the contractor receives a completed TPL questionnaire and/or other related documentation, the contractor shall forward the documentation as directed in Chapter 11.

18.0. END OF PROCESSING

The contractor shall issue Explanations of Benefits (EOBs) and provider summary vouchers for TPRADFM claims according to TRICARE Prime claims processing procedures.

19.0. HEALTH CARE SERVICE RECORDS (HCSR) SUBMITTAL

The contractor shall report the TPRADFM program claims under the at risk provisions of the MCSC contracts.

20.0. PAYMENT TO THE CONTRACTOR

The financial administration of the payment for the TPRADFM program (except for Alaska) shall remain under the at risk provisions of the MCSC contracts.

21.0. AUDITS AND INSPECTION OF THE CONTRACTOR'S RECORDS

21.1. *The contractor shall maintain a formal accounting system for all expenses and disbursements which meets the requirements of the Cost Accounting Standards Board. A complete record of all financial transactions shall be maintained for audit purposes.*

21.2. *The contractor's records and performance shall be subject to periodic inspection at the discretion of the TMA. Such inspections shall be conducted either at TMA or at the contractor's facility in accordance with the provisions described in Chapter 15, Section 1.*

21.3. *TPRADFM program claims shall be included in the TMA quarterly claims audit.*

22.0. STANDARDS

All TRICARE Program claims processing standards apply to TPRADFM claims.

22.1. Correspondence and Telephones

The contractor shall report TPRADFM correspondence and telephone inquiries with other TRICARE inquiries.

22.2. Claims Reports

The contractor shall provide TPRADFM Program claims information separately in reports in the format for the Monthly Workload Reports (Chapter 15, Section 3, paragraph 1.0.) and the Monthly Cycle Time Aging reports (Chapter 15, Section 3, paragraph 2.0.).

23.0. CONTRACTOR REIMBURSEMENT**23.1. Batch Submissions**

The contractor shall submit batches for TPRADFM claims.

24.0. GOVERNMENT REQUIRED MARKETING AND EDUCATIONAL MATERIALS

NOTE: *All marketing and educational materials unique to the TPRADFM program will NOT be furnished as an addendum to this chapter. They will be furnished directly to the contractor from the government.*

TMA developed marketing and educational materials are as follows:

1 National Materials

- a. The TRICARE Prime Remote Handbook*
- b. Benefits Outline*
- c. Fact Sheet*
- d. Briefing*
- e. Web Page*

