

Frequently Asked Questions

1. As a newcomer assigned to JB MDL, what do I need to do to start receiving Medical or Dental care?

Answer: All Active Duty Airmen, Soldiers, Sailors, Marines and Coast Guardsmen assigned on the McGuire-Dix area of the Joint Base, via Permanent Change of Station (PCS) orders should attend the Newcomers briefing held at the 87th Medical Group, Bldg 3458, 2nd floor in the Edwards Resource Center. This briefing begins at 1400 on the following dates -- CY12 Newcomers Schedule: 1/15 May, 12/26 June, 17/31 July, 7/21 August, 18 September, 2/16 October, 6/20 November, 11 December.

At this briefing you will be enrolled into our clinic and there will be short presentations from the Pharmacy, Medical Records, TRICARE, Dental Clinic, Family Health, Aerospace Medicine, Mental Health and the Referral Management Center.

Your dependants are encouraged to attend. If you have questions, please contact the Warfighter & Family Readiness Center at 754-3154.

2. I'm an Army, Navy, or Marine Corps Service member assigned to JB MDL. How do I go about scheduling and completing my annual PHA?

Answer: All active duty personnel have a requirement to complete an annual PHA (Preventive Health Assessment for AF) (Periodic Health Assessment for all other branches of service.) Non-flying Air Force personnel may schedule through their squadron health monitors or call the appointment desk at 1-866-377-2778. Flying personnel of all branches of service can call directly to flight medicine at (609) 754-9080 to schedule their PHA and Flight Physical.

Navy, Marine and Army personnel complete their PHA in two parts. Part 1 is completed in the PHA Clinic during our walk-in hours which are Tuesday through Thursday 0800-1000 and Tuesday and Wednesday 1300-1400. Army personnel need to log into their AKO account to access their personal data and *My Medical Readiness* to complete the PHA on-line survey. Since the 87th Medical Group does not have access to MEDPROS, Army personnel need to print this report and bring it to their Part 1 appointment. Navy and Marine Corps personnel should bring a copy of the MRRS report that lists their medical readiness items, which they or their unit Corpsmen can print out, and bring to their Part 1 appointment. The PHA staff will then schedule their Part 2, which is an appointment with their primary care provider. Service members may also call the appointment desk at 1-866-377-2778 to schedule their Part 2 appointment. If you schedule your Part 2 directly with the appointment line it is important to remember to report to the PHA clinic prior to that appointment to complete your Part 1.

NOTE – The 87th Medical Group DOES NOT have access to other services databases and cannot print out or update medical readiness statuses. The medical group will provide service members a copy of their completed physical to take back to unit health monitors or personnel who have access to service-specific databases to update readiness statuses.

3. I'm an Army, Navy, Marine Corps or Coast Guard service member assigned to JB MDL. What can my family and I expect for our medical care?

Answer: Regardless of the sponsor's branch of service, all patients enrolled in the 87th Medical Group receive the same patient-centered care and access to available services.

4. Does the 87th Medical Group have sick call for active-duty service members or their families? If not, what should I do if I, or a member of my family, need to be seen same day?

Answer: There is NO SICK CALL for active-duty members enrolled to the 87th Medical Group. However, Family Health does offer nurse-run walk-in services for patients with symptoms including: Upper Respiratory Infection/Sore Throat, Urinary Tract Infections (for women over the age of 16), as well as Depo-Provera® and pregnancy protocols. These services are offered at the clinic Monday-Friday 0900-1100 and 1300-1500. Same day after-hours care is offered 1630-2200 Monday-Friday (weekend/holiday hours also available) by Lourdes Medical Associates, located in the Cymrot Building at Deborah Heart and Lung Center. Other after-hours and urgent care clinics can be located on the TRICARE contractor's website: <https://www.healthnet.com/portal/home.do>

If your condition warrants emergency care (defined as: loss of life/limb/eyesight) call 911 or immediately proceed to the nearest Emergency Room.

5. How do I make appointments for me and my family members?

Answer: Contact the 87th Medical Group appointment line (1-866-377-2778) and follow the prompts to reach a liaison specialist who will book your appointment. If an appointment is not available within the requested timeframe, we will offer you alternative options for your care needs as appropriate.

6. Where do I go to enroll in TRICARE Prime?

Answer: First, please ensure that your patient information is correctly entered into Defense Eligibility Enrollment Reporting System (DEERS) before TRICARE enrollment. Upon DEERS completion, patients should visit the TRICARE Service Center located in the 87th Medical Group

There is no enrollment necessary for TRICARE Standard. Standard coverage is automatic once you are eligible for medical benefits.

Active Duty (AD) members will always be TRICARE Prime and must enroll at the McGuire Clinic. This process is *not* automatic. Coverage will be effective immediately upon the day of enrollment.

Family members have the option to enroll in TRICARE Prime. If enrollment is completed before the 20th of the month, TRICARE Prime becomes effective the 1st day of the next month. If enrolled after the 20th of the month, TRICARE Prime becomes effective the 1st of the following month.

Portability enrollment is the term for when you PCS from one base to another and you are switching your primary care provider to the incoming base. Visit our TRICARE Service Center in the main clinic to fill out the necessary paperwork to transfer your TRICARE enrollment to the 87th Medical Group.

You may also process your own application online via Beneficiary Web Enrollment at <https://www.dmdc.osd.mil/appj/bwe/indexAction.do>

One final option – you may also mail in your applications to:

Health Net Federal Services, LLC
PO BOX 870143
Surfside Beach, SC 29587-9743

7. What services are available if I'm not enrolled in TRICARE Prime?

Answer: When using TRICARE Standard, you may visit any TRICARE-authorized network or non-network provider. No referral is needed for any type of care but some services may require prior authorization.

At the 87th Medical Group, there is no “space-available” care in clinic services for patients not enrolled in Prime (i.e., Standard patients or those eligible for TRICARE for Life); however, you may use any ancillary service even if you are not enrolled in TRICARE Prime. Ancillary services in the 87th Medical Group that are available to Standard patients include:

- Immunization Clinic - certain immunizations require a prescription (e.g., Shingles)
- Laboratory - requires a request from a Medicare Provider
- Pharmacy - requires a request from a Medicare Provider
- Radiology - requires a prescription from a Medicare Provider

8. What services are available if I'm enrolled in TRICARE Prime?

Answer: When you enroll in TRICARE Prime, you are assigned a primary care manager (PCM), either at a military treatment facility (MTF) or from the TRICARE network, who provides most of your care. Your PCM will refer you to a specialist for care he or she cannot provide and coordinate with the regional contractor for authorization, find a specialist in the network, and file claims on your behalf.

You have certain time and distance standards for care including wait times for urgent, routine and specialty care. Other benefits include enhanced vision and preventive services and travel reimbursement for some specialty care.

Active duty service members and their families pay no enrollment fees and no out-of-pocket costs for any type of care as long as care is received from the PCM or with a referral.

All other beneficiaries pay annual enrollment fees, and the cost for care is based on where the care is received. Care received without a referral is subject to point-of-service fees.

9. What are "Specialty Medical Services" and how and when are they provided?

Answer: TRICARE Prime beneficiaries need to know about both referrals and authorizations if seeking care from civilian providers. If you are using TRICARE Standard or Extra, you don't typically need a referral for routine or specialty care.

Referral: Where a primary care manager (PCM) or provider identifies a need for specialty care or services.

Authorization: The determination that the requested service meets the following criteria:

- Medically necessary
- Delivered in the appropriate setting
- A TRICARE benefit
- Cost-shared by DOD through its contract

Referral Management is initiated when a PCM refers you for services outside of the medical facility's capability to provide needed care (for example, diagnostic tests, outpatient surgery, home health care, etc). The PCM decides what type of provider you should see, for how long and for what services. The need for a referral may vary if you are enrolled to a Military Treatment Facility (MTF) or civilian network provider. In general, the following steps apply if you are enrolled to a network provider and may explain the time needed for you to get an authorization:

- Health Net Federal Services works with the local MTF to determine if it can meet your healthcare needs.
- If the MTF can provide the service, it has one business day to decide if it has the capacity to see you.
- If the MTF can't provide the service, the referral goes back to the contractor, who then determines the appropriate network specialty care provider. For example, what specialist should the beneficiary see? Can the care be authorized?
- When the referral goes back to the contractor, the contractor checks for availability of network providers within one-hour travel time from the beneficiary's residence. If a network provider is available, you will be referred to them.
- If a network provider is not available, the contractor works with other TRICARE network or authorized providers to arrange for your care.
- The contractor then issues a letter to you and the specialty provider listing the medical services you are authorized to receive.

10. I'm about to turn age 65 – can I remain enrolled at the 87th Medical Group?

Answer: Unfortunately, we do not have capacity to initiate or extend enrollment in our Military Treatment Facility (MTF) for TRICARE for Life patients. All of our enrolled patients turning 65 will be assisted with their transition from our provider a civilian Medicare provider. You may choose any Medicare provider as your primary care physician. A listing of local Medicare providers is available at (www.medicare.gov) the Medicare website. We will also send you a reminder notice at least six (6) months before you turn age 65.

11. When should I schedule my newborn appointment?

Answer: Your first appointment should be two to three days after discharge from the hospital unless the hospital says otherwise. But before you are discharged, you **MUST** do the following prior to making an appointment or being seen for a walk-in appointment.

First, register your newborn into the Defense Enrollment Eligibility Reporting System (DEERS). This can be accomplished at the JB MDL Military Personnel Section (MPS) office in building 2916. They can be contacted at 609-754-3183 for more information.

Next, after DEERS registration is complete, your child's information must be updated with TRICARE. Please visit the TRICARE Service Center on the first floor of the 87th Medical Group to be assigned a Primary Care Manager for your newborn child.

Finally, go to Family Health/Pediatrics Clinic Check-in desk and request a newborn or walk-in appointment. Or you can call the Appointment Line at 1-866-DRS-APPT (1-866-377-2778) to schedule your newborn an appointment.

NOTE: PLEASE BRING ALL HOSPITAL DISCHARGE DOCUMENTS (crib cards will not be accepted by MPS). Also, if your child has any problems, or if you have additional questions or concerns please call the appointment line to leave a message for a nurse to contact you for assistance.

12. When should I schedule my next well baby exam?

Answer: The best time to schedule any well baby exam is one month before the actual month the child needs the exam. Waiting to book a well baby exam one to two weeks before the exam is due will greatly reduce your chances of an exam being available at the time needed.

13. When is the best time to schedule a school physical?

Answer: School physicals are best scheduled during the early summer months. School, camp, sports physicals and yearly well checks are all the same and are good for one year. Please bring all required forms to the appointment. Also, ensure that all paperwork is as complete as possible prior to the appointment. We traditionally have offered a school day physical program twice a year, once near the beginning of summer and again the

beginning of the new school year to better accommodate the needs of the Joint Base community. More information regarding the dates and times of these all day events will be disseminated as we get closer to the summer season.

14. Is there an advantage of being enrolled in TRICARE Prime?

Answer: An advantage of being enrolled in TRICARE Prime is the policy-directed access standards for TRICARE appointments. This applies to care received in a Medical Treatment Facility (MTF) or in the TRICARE Prime network of civilian providers. Routine appointments can be made by calling 866-377-2778 (DRS-APPT), or online at www.tricareonline.com.