



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 6300.15
BUMED-M3M41
22 Jul 2003

BUMED INSTRUCTION 6300.15

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: BENEFICIARY COUNSELING AND ASSISTANCE COORDINATOR (BCAC)
PROGRAM

Ref: (a) DOD Instruction 6015.23
(b) Title 10, United States Code, Chapter 55, Section 1095(e)
(c) BUMED Instruction 6300.10A

Encl: (1) Sample BCAC/HBA Tracking Report

1. Purpose. To define the roles and responsibilities for BCACs as identified in references (a) through (c). BCACs act as a preventive mechanism for trouble-shooting TRICARE and Military Health System issues and concerns.

2. Background. The BCAC Program is a Congressionally mandated initiative, implemented by the TRICARE Management Activity (TMA) to improve customer service and satisfaction, enhance beneficiary education, and help reduce the volume of Congressional inquiries from beneficiaries. The National Defense Authorization Act of FY 2000 mandated the establishment of full-time BCAC positions at Lead Agent offices and either full-time or collateral duty positions at military treatment facilities (MTFs) worldwide.

3. Responsibilities

a. Chief, Bureau of Medicine and Surgery, MTF and Beneficiary Support Services Branch (M3M4) shall:

(1) Provide Navy-wide guidance for BCAC Program implementation based on Department of Defense (DOD) policies.

(2) Coordinate updates to the program with TMA routinely and ensure updates are forwarded to BCACs to help address beneficiary issues and concerns.

(3) Monitor implementation and coordination of the BCAC Program.

b. MTF Commanders shall:

(1) Establish either full-time or collateral duty BCAC positions using the criteria established in enclosure (2) of reference (a).

(2) Ensure BCACs receive customer service training following reference (c).

c. BCACs, at a minimum, shall:

- (1) Recognize, first and foremost, that the BCACs role is to assist beneficiaries in utilizing their health care benefit.
- (2) Provide beneficiary-centered customer service while providing accurate and timely information and guidance on how best to use our health care system.
- (3) Create or maintain a formal documentation process for tracking inquiries and problem resolution. A tracking report template, enclosure (1), is provided for commands not currently tracking inquiries and problem resolution.
- (4) Provide information and assistance to beneficiaries based on personal, written, electronic, or telephone inquiries and address inpatient and outpatient care based on TRICARE program elements.
- (5) Provide information to beneficiaries on health care services that TRICARE covers and excludes and convey how these benefits and policies integrate with other health care sources.
- (6) Assist beneficiaries with Defense Enrollment Eligibility Reporting System (DEERS) problems.
- (7) Explain a beneficiary's costs and responsibilities when enrolling in TRICARE Prime or accessing services under the TRICARE Extra or Standard options.
- (8) Be knowledgeable of benefits available to activated Reservists, National Guardsmen, and their family member(s) through utilization of TRICARE's marketing and education materials, accessing TMAs Web site, and attendance at training workshops.
- (9) Explain appeals and grievance procedures and advise beneficiaries on the appropriate use of these procedures.
- (10) Assist beneficiaries through follow-up on trouble shooting problems, and understanding of the TRICARE claims process to include processing of claims for retired personnel and children handling their eligible elderly parents claims; pre-authorization requirements, third party liability, enrolling in programs, accessing health care in another region or other system problems that are exceedingly complicated, unduly delayed, or inappropriately handled.
- (11) Be knowledgeable of the various health coverage programs available to separating members: Transition Assistance Management Program (TAMP), Continued Health Care Benefit Program (CHCBP), Transitional Compensation Program, etc.
- (12) Be knowledgeable of alternative resources in the local community for special needs; the Incapacitated Dependent Program, SECNAV Designee Program, etc.

(13) Liaison with Lead Agent Offices/Regional Directors, TRICARE Service Centers (TSCs), Managed Care Support Contractors (MCSCs), staff subject matter experts and others, as necessary, when coordinating on and resolving issues.

(14) Keep the chain of command informed on ongoing issues and special cases.

(15) Maintain statistical data for evaluation and analysis as directed by the commanding officer or higher authority via the commanding officer.

(16) Bring identified systemic problems to the appropriate Lead Agent/Regional Director or MTF point of contact to address.

(17) Ensure external communications are consistent with the strategies and objectives established by Lead Agents.

(18) Ensure point of contact information is current on the TMA worldwide BCAC Directory via BUMED-M3M4.

4. Reporting Requirements

a. The BCAC, whom the beneficiary contacts, assumes responsibility for the issue or inquiry from the time of initial contact until the issue is resolved. Therefore, MTF commanders and BCACs shall create or maintain a database or program to track cases, categorizing caseload by data elements, and timeliness of resolution. Each beneficiary case shall have a unique case identifier.

b. BCACs shall comply with case completion time requirements set forth in reference (a):

(1) "Priority" within 10 calendar days. (i.e., cases forwarded on behalf of a beneficiary by OASD(HA), TMA, members of Congress or those otherwise designated as Priority by the Lead Agent/MTF commander.)

(2) "Routine" within 30 calendar days.

Note: Case resolution timelines may be modified to meet compliance standards.

c. The BCAC accepting a specific case shall notify the beneficiary of case closure and determine beneficiary satisfaction with case outcome via an oral, written, or automated process.



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Available at: <http://navymedicine.med.navy.mil/instructions/directives/default.asp>

SAMPLE

BCAC/HBA Tracking Report

Tracking Number	Date Received	Date Due	Originator Type	Beneficiary Name	Issue	Referred Out	Date Closed	Comments

Explanation of columns:

Tracking Number – Internal number assigned to inquiry.

Date Received – Date inquiry received by BCAC/HBA.

Date Due – Determined by originator type: Priority – within 10 calendar days, Routine - within 30 calendar days.

Originator Type – ADSM, ADFM, Retiree, TMA, HA, Congressional, Other.

Beneficiary Name – self explanatory.

Issue – i.e., Policy, Information request, eligibility, enrollment, appeal, grievance, claims, TAMP, CHCP, TRICARE Prime/Standard/Extra, TFL, TMOP, SECNAV Designee, Incapacitated Dep., Other.

Referred Out – To be answered by MCSC, TSC, TMA, LA, Other, N/A.

Date Closed – self explanatory.

Comments – self explanatory.