

TRICARE OVERSEAS PROGRAM (TOP) - OVERVIEW

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I. DESCRIPTION

The TRICARE Overseas Program (TOP) is the Department of Defense's managed health care program Outside the Continental United States (OCONUS). TRICARE overseas blends many of the features of the Department of Defense stateside TRICARE Program while also allowing for the significant cultural differences unique to foreign countries and their health care practices. The TOP consists of three **overseas areas**, TRICARE Europe (formerly CHAMPUSEUR), TRICARE Pacific (formerly CHAMPUSPAC) and TRICARE Latin America and Canada, including the **Caribbean Basin**. (See [Chapter 12, Section 12.3, Figure 12-12.3-6](#) for a list of countries by region).

Each Overseas Area Director has designated specific overseas locations as remote and has contracted with a TRICARE Global Remote Overseas Healthcare Contractor (TGROHC) to provide a managed health care system to deliver TRICARE Prime benefits to eligible beneficiaries in remote overseas locations under the TRICARE Overseas Program. Under the TRICARE Global Remote Overseas Healthcare Contract (TGROHC), remote overseas location health care is defined as cities/countries where the TGROHC is required to develop networks/or provide care in the overseas locations listed in [Figure 12-12.3-7](#). A remote beneficiary is a beneficiary who resides in an overseas remote area and is enrolled to a remote DMIS-ID. Information for accessing care through the TGROHC may be obtained by contacting the appropriate overseas TOP Overseas Area Director. Care offered under the TRICARE Global Remote Overseas Healthcare Contract for Active Duty Service Members (ADSM) permanently assigned and accompanied ADFMs in remote overseas locations is for routine, urgent and emergent medical and dental care. ADFMs are not authorized dental care under this contract. ADSMs who are on temporary duty (TAD/TDY), in an authorized leave status, or deployed in a remote overseas location identified in [Figure 12-12.3-7](#) are authorized urgent and emergent dental care, except as noted under the TGROHC.

Support for the TOP is the responsibility of the TOP **Overseas Area Directors**. The **TOP Overseas Area Directors** have the authority to seek contract support to satisfy TOP related requirements within their jurisdiction **except for claims processing payment**. The **Overseas Area Directors** may contract directly for support services or include this requirement in the Managed Care Support Contract. All provisions of the TRICARE Policy Manual (POL), TRICARE Reimbursement Manual (TRM), MCSC Operations Manual (OPM) and the Automated Data Processing and Reporting Manual (ADP) apply to the TOP, unless otherwise specifically stated in this Chapter. Overall policy for the TOP is established by the

Assistant Secretary of Defense for Health Affairs, i.e., Director, TMA.

II. TRICARE OVERSEAS PROGRAM (TOP) MANAGEMENT RESPONSIBILITIES:

TOP Overseas Area Directors or their designees are responsible for planning and delivering services to meet the health needs of their area of responsibility to include oversight and administration of contracted tasks, such as monitoring oversight and performance monitoring for the TRICARE Global Remote Overseas Healthcare Contract (TGROHC), and excluding claims adjudication whether through the available MTFs or the TGROHC. The Overseas Area Directors or designees are responsible for enrollment of TRICARE enrollees in the TOP, development of a TOP Preferred Provider Network, designation/termination of providers to the TOP Preferred Provider Network, and ongoing beneficiary/provider education. When fully implemented the Overseas Area Directors or their designees also will assist in the development/implementation of a Resource Support Program. The Overseas Area Directors or their designees will serve as a primary contact/facilitator for the contractor for issues relating to enrollment and network. The Overseas Area Directors or their designees are expected to provide ongoing oversight and administration of those tasks for which they are responsible. The Overseas Area Directors or their designees for the TOP will be designated by the Assistant Secretary of Defense, Health Affairs (ASD(HA)), i.e., Director, TMA. TOP designated Overseas Area Directors or their designees will not always be physically located within the same region as the contractor responsible for processing TOP claims. TOP will have three (3) Overseas Area Directors.

MTF Commanders are responsible for managing health care delivery for both active duty personnel and TRICARE enrollees who are under the TOP, as well as for providing care to other Military Health Services System beneficiaries who are eligible for care in MTFs. The MTF Commander will work directly with the Overseas Area Director or designee in network development and local initiatives, such as overseas remote healthcare.

The overseas Managed Care Support Contractor (MCSC) (usually called contractor or overseas claims processing contractor throughout this chapter) is responsible only for processing claims for overseas Prime and Standard beneficiaries considered to be within the overseas MCSC jurisdictional responsibility, to include claims submitted by the TGROHC. The overseas MCS contractor shall provide a designated point of contact to assist the Overseas Area Directors or designee(s) and the TGROHC designee(s). Additionally, every regional MCS contractor shall offer traveling TOP enrollees use of existing toll free Health Care Finders numbers/services to locate a CONUS TRICARE network provider.

The TGROHC is responsible for providing comprehensive health care management and related support services for DoD TRICARE Prime enrolled beneficiaries in remote overseas areas. With the exception of ADFM dental care, all health care services provided under this contract in remote areas shall be cashless and claimless for TOP Prime enrolled ADSM and ADFM. Following the delivery of health care and payment to overseas providers, the TGROHC shall submit all remote health care claims to the TMA overseas claims processing contractor responsible for processing foreign claims.

NOTE: Navy and Marine Corps personnel claims for remote emergent and urgent care who are deployed and/or on liberty status are to be paid by the TGROHC starting October 1, 2003. The overseas claims processing contractor shall reimburse the TGROHC starting October 1, 2003, for Navy and Marine Corps deployed and/or deployed on liberty forces.

III. OVERSEAS BENEFIT PACKAGES:

A. TOP Prime Plan offers overseas enrollees TRICARE Prime benefits to include access to a Primary Care Manager, clinical preventive services and speciality services. Also, under this program there are no copayments and deductibles.

B. TOP Standard is identical to the TRICARE fee-for-service program. The benefits and cost-shares are unchanged from CONUS TRICARE Standard Program.

C. The TRICARE for Life is available for beneficiaries age 65 and over beneficiaries who are Medicare eligible and enrolled in Medicare Part B. Overseas TRICARE is first payor and will cost-share 75% of billed charges for TRICARE covered benefits. The beneficiary is responsible for the remainder (25%) of the billed charges. TRICARE for Life cost shares applies to civilian care provided.

D. TRICARE Plus offers beneficiaries an empanelment option in a MTF with capacity for primary care. Facilities offering this program are determined by each Service.

IV. GEOGRAPHIC AVAILABILITY

The TOP is effective in all geographic areas and territorial waters outside the United States.

Claims from TOP for services provided on a commercial ship that is outside the territorial waters of the United States are to be processed as foreign claims regardless of the provider's home address. If the provider is certified within the United States, reimbursement for the claim is to be based on the provider's home address. If the provider is not certified within the United States, reimbursement will follow the procedures for foreign claims. This does not include health care for enrolled ADSM on a ship at home port or at sea.

V. TOP CLAIMS PROCESSING RESPONSIBILITY:

The overseas claims processing contractor is responsible for processing all claims outlined below effective September 1, 2001.

A. All TRICARE Standard care for ADFM and retirees and their family members living overseas for care provided overseas, including adjunctive dental.

B. All TOP Prime claims (ADSM in Europe and ADFM) for overseas enrolled beneficiaries.

C. All TOP TFL beneficiaries claims for beneficiaries who live overseas.

D. All TGROHC claims submitted by the TGROHC for ADSMs and ADFMs enrolled to a remote overseas location Defense Medical Information System-Identification (DMIS-ID) and all other ADSM claims for ADSMs provided urgent/emergent care in a remote overseas location. TGROHC claims submission for remote area countries identified by one asterisk in [Figure 12-12.3-7](#) will be effective September 1, 2003, and October 1, 2003, for remote area countries identified by no asterisk in [Figure 12-12.3-7](#).

E. Non-enrolled Reserve or National Guard under a Presidential recall or activated overseas who obtain overseas care in TRICARE Europe, claims shall be processed by the overseas claims processing contractor. Effective September 1, 2003 or October 1, 2003, if the non-enrolled Reserve or National Guard under a Presidential recall or activated overseas obtain remote overseas care in TRICARE Europe and the care is facilitated by the TGROHC, the TGROHC shall submit their claims to the overseas claims processing contractor for processing as outlined in [paragraph V.D.](#) above.

F. Stateside enrolled Reserve or National Guard under a Presidential recall or activated overseas who obtain overseas care claims shall be processed by the Managed Care Support Contractor (MCSC) responsible for where the ADSM is enrolled. Effective September 1, 2003, or October 1, 2003, as outlined in [paragraph V.D.](#) above, if the enrolled Reserve or National Guard under a Presidential recall or activated overseas obtain remote overseas care and the care is facilitated by the TGROHC, the TGROHC shall submit their claims to the overseas claims processing contractor for processing.

G. TRICARE beneficiaries enrolled or residing in a stateside MCSC region who while traveling or visiting abroad receive overseas care claims shall be processed by the stateside MCSC responsible for where the beneficiary resides or is enrolled.

H. All stateside care for TOP-enrolled ADFM and ADSM.

NOTE: Claims submitted by or from TOP eligible beneficiaries who return to CONUS and receive healthcare shall be processed by the appropriate contractor as follows:

1. Non-enrolled TRICARE Overseas eligible beneficiary claims for care received in CONUS shall be processed by the contractor responsible for processing claims where services were rendered following existing CONUS TRICARE Standard cost-sharing and benefit requirements.

2. TOP Prime enrolled beneficiary claims for care received in CONUS, including adjunctive dental, shall be processed by the contractor responsible for processing TRICARE overseas claims following existing requirements for TRICARE Prime benefits, including enhanced benefits and cost-share without the requirements for referral and authorization. TOP beneficiaries will be encouraged by the Overseas Area Director or designee to utilize CONUS MTFs and current TRICARE network providers whenever possible.

VI. ELIGIBILITY

A. An individual is considered to be eligible for TOP/TRICARE if they are shown as eligible on the Defense Enrollment Eligibility Reporting System (DEERS). The DEERS record will indicate the dates of eligibility. See Chapter 9 for additional information on TRICARE eligibility or refer to [32 CFR 199.3](#). TRICARE for Life eligibility also requires Medicare Part B enrollment.

B. Members of reserve components who are called to active duty for more than 30 days and family members are eligible for the TOP/TRICARE the same as any other TOP/TRICARE ADFM if the sponsor was living in an overseas or remote overseas location at the time of mobilization. The family must have had the same overseas residential address at the time of mobilization. Reserve component personnel and their family members are eligible for

the TRICARE Global Remote Overseas Healthcare Contract if they meet the above guidelines. When the reserve component member is demobilized, the reserve member and family member are not eligible for the TRICARE Global Remote Overseas Healthcare Contract.

NOTE: Newborns of members of reserve components who are called to active duty for more than 30 days are eligible for TOP/TRICARE benefits the same as other TRICARE eligible beneficiary.

C. TAMP eligibles are eligible for the TRICARE Overseas Program, excluding TGROHC, if the beneficiary meets the eligibility requirements for enrollment into TOP Prime. DEERS should be used for determination of eligibility to TAMP Overseas. Overseas Area Directors or their designee's should follow the guidelines outlined in [Chapter 11, Section 10.1](#) when administering the program overseas. TOP payment of claims for these beneficiaries shall be based on DEERS enrollment status.

VII. TOP PRIME ENROLLMENT

A. TOP Prime Enrollment. Eligibility for enrollment into TOP Prime is available to active duty permanently residing overseas and accompanied ADFMs. Retirees and their family members are not eligible for the TRICARE Overseas Program Prime.

B. TOP Prime in Remote Overseas Locations Enrollment. Eligibility is limited to TOP Prime eligible beneficiaries residing in remote overseas areas. Only permanently assigned ADSMs and accompanied ADFMs are eligible for this program.

VIII. TOP OPERATING GUIDELINES

TOP operating guidelines are contained in [Chapter 12](#).

IX. EFFECTIVE DATE September 1, 2003.

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