



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9066

TRICARE
MANAGEMENT ACTIVITY

PRD

CHANGE 24
6010.49-M
APRIL 17, 2003

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
MCSC OPERATIONS MANUAL

The TRICARE Management Activity has authorized the following change(s) to 6010.49-M, reissued March 2001.

CHANGE TITLE: CONSOLIDATED PRIORITY MANUALS CHANGE

PAGE CHANGE(S): See pages 2 through 4.

SUMMARY OF CHANGE(S): The attached package is a consolidation of six separate change orders previously coordinated with the Managed Care Support Contractors (MCSCs) as part of the bilateral contracting process. They include the: 1) High Priority 7 Change Package; 2) Consolidated Policy Manual Update; 3) Consolidated TRICARE Reimbursement Manual Update; 4) Cost Operations Manual Update; 5) No-Cost Operations Manual Update; and 6) ADP Manual Update. These consolidated manual changes will be issued as a single unilateral change order.

IMPLEMENTATION DATE: The Implementation Date is August 1, 2003.

This change is made in conjunction with May 1999 ADP Manual, Change No. 35, Mar 2002 Policy Manual, Change No. 6, and Mar 2002 Reimbursement Manual, Change No. 14.


Mary C. Boykin
Chief, Office of Program Requirements

ATTACHMENT(S): 206 PAGES

DISTRIBUTION: 6010.49-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT

REMOVE PAGE(S)

CHAPTER 1

Section 3, pages 1 - 4
Section 8, pages 3 - 6 and 9 - 17

CHAPTER 3

Table of Contents, pages i and ii
Section 2, pages 1 and 2
Addendum A, pages 3 - 7

CHAPTER 4

Section 1, pages 1 and 2
Section 2, pages 1 - 3
Section 3, pages 1 and 2
Section 5, pages 1 - 4

CHAPTER 5

Section 1, pages 1 and 2

CHAPTER 6

Table of Contents, page i
Section 1, pages 3 - 8

CHAPTER 7

Section 1, pages 7 - 18
Section 4, pages 1 and 2

CHAPTER 8

Section 3, pages 1 - 8
Section 6, pages 1 - 3

CHAPTER 9

Section 1, page 1

INSERT PAGE(S)

Section 3, pages 1 - 4
Section 8, pages 3 - 6 and 9 - 17

Table of Contents, pages i and ii
Section 2, pages 1 and 2
Addendum A, pages 3 - 8

Section 1, pages 1 and 2
Section 2, pages 1 - 3
Section 3, pages 1 and 2
Section 5, pages 1 - 4

Section 1, pages 1 and 2

Table of Contents, page i
Section 1, pages 3 - 9

Section 1, pages 7 - 18
Section 4, pages 1 and 2

Section 3, pages 1 - 8
Section 6, pages 1 - 3

Section 1, page 1

REMOVE PAGE(S)

INSERT PAGE(S)

CHAPTER 11

Table of Contents, page iii
Section 3, pages 5 and 6
Section 4, pages 7 - 21
Addendum A, pages 47 and 48
Addendum B, pages 21 - 24

Table of Contents, page iii
Section 3, pages 5 and 6
Section 4, pages 7 - 22
Addendum A, pages 47, 48, & 57
Addendum B, pages 21 - 24

CHAPTER 12

Section 3, pages 1 - 3
Section 10, pages 1 and 2
Section 11, pages 1 and 2

Section 3, pages 1 - 3
Section 10, pages 1 and 2
Section 11, pages 1 and 2

CHAPTER 13

Section 1, pages 1 - 5
Section 3, pages 3 - 13
Section 5, page 3

Section 1, pages 1 - 5
Section 3, pages 3 - 14
Section 5, page 3

CHAPTER 14

Section 3, pages 1 and 2
Addendum A, pages 7 and 8

Section 3, pages 1 and 2
Addendum A, pages 7 and 8

CHAPTER 15

Section 6, pages 3 and 4

Section 6, pages 3 and 4

CHAPTER 17

Table of Contents, page i
Section 1, pages 1 - 3

Table of Contents, page i
Section 1, pages 1 - 3

CHAPTER 22

Table of Contents, page i
Section 3, pages 1 - 10
★ ★ ★ ★ ★ ★

Table of Contents, page i
Section 3, pages 1 - 11
Addendum C, page 1

CHANGE 24
6010.49-M
APRIL 17, 2003

REMOVE PAGE(S)

CHAPTER 23

Table of Contents, pages i - iv

Section 3, pages 1 - 13

Section 6, pages 1 and 2

APPENDIX A

pages 11 - 61

INSERT PAGE(S)

Table of Contents, pages i - iv

Section 3, page 1

Section 6, pages 1 and 2

pages 11 - 61

SUMMARY OF CHANGES

CHAPTER 1 - Administration

1. Section 3, page 2. Added language to indicate "adjustments" are to be included in the excluded claims that are to be processed to completion within 120 days.
2. Section 3, page 3. Added new cross-reference pertaining to interest payments on claims that are offset for recoupments.
3. Section 8, pages 4 and 5. Changed the responsibility of payment for transitional non-DRG cases to the incoming contractor. Payment shall be made by the incoming contractor, as of 0001 hours on the first day of health care delivery under the new contract.
4. Section 8, page 10. Added language to clarify transitioning requirements for mental health provider files.

CHAPTER 3 - Financial Administration - Not-At-Risk Funds

5. Section 2, page 1. Changed office title from "F&AO" to "F&A" and revised language to state that the contractor submit information for letter-of-credit accounts to TMA no later than 60 days prior to the start of processing of claims on new accounts, rather than 30 days as currently required.
6. Addendum A, pages 3-5. Revised language and changed the format of the Reconciliation of LOC Bank Account form and its instructions.

CHAPTER 4 - Provider Certification and Credentialing

7. Section 1, page 1. Added language to clarify definition of "Authorized Provider". Changed the word "authorized" to "certified" and "authorization" to "certification" in order to correct terminology.
8. Section 2, pages 1-2. Changed the word "authorized" to "certified" and "authorization" to "certification" in order to correct terminology.
9. Section 3, pages 1-2. Changed word "of" to "or" to correct typographical error. Changed the words "authorized" to "certified" and "authorization" to "certification" to correct terminology.
10. Section 5, pages 2-4. Corrected cross reference and added two notes clarifying requirement to perform history checks.

SUMMARY OF CHANGES (Continued)

CHAPTER 5 - Network Development

11. Section 1, page 2. Removed requirement for prior authorization for drugs listed at <http://www.pec.ha.osd.mil/nmop/nmophome.htm>.

CHAPTER 6 - Enrollment

12. Section 1, pages 3-4. Clarified enrollment fee requirements for beneficiaries with Medicare Part B eligibility. Reinserted language regarding application of out-of-pocket expenses, incurred during period between actual enrollment date and enrollment year start date, to Catastrophic Cap, this reference was inadvertently deleted in the re-issuance of the Operations Manual. Added clarification regarding the application of out-of-pocket expenditures to the Catastrophic Cap as of the enrollment anniversary date. Added guidance for the application of enrollment fee overpayments.
13. Section 1, page 5-6. Corrected administrative error and corrected the zip code for Washington Headquarters Services in a notice on the enrollment application. The contractor is not to discard existing stocks of enrollment forms and reprint. Contractors are to continue using their current stock until 1) stock is depleted and new forms are developed with correct zip code or 2) new universal enrollment applications are issued.
14. Section 1, pages, i, 7. Removed the word "automatic" as the enrollment process is not automatic for Family Members of E1 through E4.

CHAPTER 7 - Utilization and Quality Management

15. Section 1, page 8. Added language stating that reduction in payment for failure to obtain preauthorization or preadmission authorization is not applicable when a beneficiary has "other health insurance" that provides primary coverage.
16. Section 1, page 9. Removed requirement for subsequent concurrent reviews.
17. Section 4, page 1. Changed "Contracting Officer" to "Contracting Officer's Representative."

CHAPTER 8 - Claims Processing Procedures

18. Section 3, page 1. Clarified responsibility for claims payment in the case of a beneficiary whose enrollment transfers from one region to another during a hospital stay.
19. Section 3, page 5. Added HCPR requirement for mental health provider data.

SUMMARY OF CHANGES (Continued)

CHAPTER 8 - Claims Processing Procedures (Continued)

20. Section 3, page 7-8. Deleted obsolete language regarding the Supplemental Health Care Program (SHCP).
21. Section 6, page 1. Revised language to conform to Policy Manual requirements which calls for a reduction in the amount paid to a provider when preauthorization is required but no evidence of a preauthorization is submitted with the claim.

CHAPTER 9 - Reserved

22. Section 1, page 1. Corrected all four cross-references to the "TRICARE Requirements Manual" to the "TRICARE Reimbursement Manual."

CHAPTER 11 - Claims Adjustments and Recoupments

23. Section 3, page 5. Removed requirement to provide copy of letter to participating provider to the beneficiary.
24. Section 4, pages 8-9. Added requirement for contractors to notify debtors when their case is transferred to TMA and where to send future payments.
25. Section 4, page 12. Removed requirement for management level contractor employee to sign detailed explanation of claims history. Added requirement for contractors to notify TMA Recoupment Office when check copies or EOBs cannot be obtained for recoupment cases. Added requirement for contractor maintenance of copies of checks and EOBs for original and duplicate payments.
26. Section 4, page 13. Added requirement for contractors to notify TMA Recoupment Branch of receipt of recoupment payments. Added minimum value requirement of \$600 for recoupment case referral to TMA General Counsel.
27. Addendum A, page 48. Clarified language for letter advising debtor that his account has been referred to TMA.
28. Addendum A, page 57. Added new form for collections referred to Recoupment Division. Use of this form is not mandatory.
29. Addendum B, pages 22 and 24. Updated address for Air Force and Coast Guard point of contacts.

CHAPTER 12 - TRICARE Service Centers

30. Section 3, page 1. Modified requirements for contractors to have suggestion boxes at TSCs.

SUMMARY OF CHANGES (Continued)

CHAPTER 12 - TRICARE Service Centers (Continued)

31. Section 3, pages 2-3. Changed Family Member Dental Plan (FMDP) to TRICARE Dental Program (TDP). Clarified that Selected Reserve, Individual Ready Reserve and Family Members are eligible for the TRICARE Dental Program and updated contractor information.
32. Section 10, page 2. Revised language regarding grievance procedures.
33. Section 11, page 1. Clarified language concerning violation of participating agreements.

CHAPTER 13 - Appeals and Hearings

34. Section 1, page 1. Deleted obsolete cross-reference.
35. Section 3, page 4 and 11. Added a subsection referencing e-mail requests for reconsiderations and corrected TMA zip code.
36. Section 5, page 3. Deleted obsolete language.

CHAPTER 14 - Program Integrity

37. Section 3, page 2. Corrected cross-reference.
38. Addendum A, page 8. Changed requirement for submission of Annual Letter of Assurance from "Director" to "Contracting Officer."

CHAPTER 15 - Audits, Inspections and Reports

39. Section 6, page 4. Revised language allowing the contractor to submit required enrollment reports five days later than stated in the current language.

CHAPTER 17 - Contractor Responsibilities

40. Section 1, page 1. Added language regarding jurisdiction changes.

CHAPTER 22 - Civilian Health Care of Uniformed Service Members

41. Section 3, page 2. Added requirement for contractors to suspend claims for National Guard or Reserve sponsors with treatment dates outside their eligibility dates and submit suspended claims to MMSO for payment determination. Required contractors to notify beneficiaries when claims are routed to MMSO.
42. Addendum C, page 1, Added Example Notification Letter for medical care claims received on behalf of member of the Reserve or National Guard.

SUMMARY OF CHANGES (Continued)

CHAPTER 23 - Demonstrations

- 43. Section 3, pages 1-13. Deleted the Mental Health Wraparound Demonstration.
- 44. Section 6, page 2. Added two more sites for participation in the FEHBP Demonstration.

APPENDIX A - Acronyms and Definitions

- 45. Page 12. Clarified definition of "Authorized Provider".
- 46. Page 15. Added definition of "Certified Provider".
- 47. Page 60. Added footnote to comply with the DoD/AMA License Agreement.

