

Claims Processing Procedures

II. CLAIMS PROCESSING JURISDICTIONS

Contractor jurisdictions are provided in the TRICARE Contractor Address List issued by TMA. This address list also can be found on the TMA Home Page at www.tricare.osd.mil, then click on *Beneficiary Resources: Claim Filing*.

A. Prime Enrollees

When a beneficiary is enrolled in TRICARE Prime, *contractor jurisdiction is determined by the beneficiary's address*. The contractor processes all claims for the enrollee no matter where the enrollee receives services. For information on claims for relocating Prime enrollees, refer to the OPM Part Three, Chapter 4, Section II.G., "Enrollment Portability."

B. All Other TRICARE Beneficiaries

For a beneficiary who is not enrolled in TRICARE Prime, the contractor with jurisdiction for the beneficiary's claim address shall process the claim no matter where the beneficiary receives services. This includes claims from U.S. Government medical facilities other than those of the Uniformed Services (e.g., a claim for emergency care provided by a Veterans Administration facility or a facility under the Indian Health Service, Public Health Services). *Claims for beneficiaries residing outside the United States shall be processed in accordance with the Policy Manual, Chapter 12.*

C. Reserved

1. Reserved
2. Reserved
3. Reserved

D. Supplying Out-Of-Area Provider Information

The contractor responsible for certifying providers and developing pricing data for a given region shall supply provider and pricing information (both institutional and noninstitutional) to those contractors with claims processing jurisdiction based on the beneficiary's address as reported on the claim. The contractor shall respond within five (5) workdays after receipt of such requests and shall designate a point of contact for this purpose. The contractor shall follow the procedures in Section VI.N. of this chapter in requesting and providing information. Responses to such requests shall include only that information not available in the requester's own records or in TMA-provided records. The response shall include information necessary to determine the TRICARE-authorized status of a provider and the appropriate pricing of the services/supplies, as well as specific data needed to complete contractor records and HCSR submission to the TMA.

E. Continued Health Care Benefit Program (CHCBP)

CHCBP *beneficiaries'* claims shall be processed as described in Section II.B. above.

