

# Beneficiary and Provider Services

## VIII. PROVIDER RELATIONS

### A. General

The contractor is responsible for conducting an effective provider relations program. The program should include such elements as program education and participation incentives for both network and non-network providers. The contractor should obtain feedback concerning problems encountered by providers and make efforts to correct those within its area of responsibility. Information concerning problems beyond the contractor's scope of responsibility should be sent to TMA for review and resolution efforts.

### B. Provider Relations Requirements

The contractor shall perform certain minimum functions for providers within its service area. These functions shall include:

1. *Reserved*
2. *Reserved*
3. **High Volume Provider Contacts**

#### a. Identification of High Volume Providers

On an annual basis, the contractor shall identify the top *five* percent (*5%*), by dollar volume, of non-network institutional providers and professional providers, in each state of the service area. The contractor shall use the claims processed in the past twelve (*12*) months. If five percent (*5%*) is fewer than five (5) institutional providers and fewer than twenty (20) professional providers then the top five (5) and top twenty (20) in each state should be listed for contact. However, if any of the institutional providers listed billed less than \$100,000 of TRICARE beneficiary care, or if the listed professional provider had less than \$25,000 of TRICARE billings, they may be omitted from a visit list.

#### b. Procedures

At least annually, the contractor should contact, for public relations, problem solving, and possible change to network PPO status purposes, those non-network providers identified as being "high volume" providers of care. Contractor Representatives should develop information to present to the providers which will be useful and which will promote participation and understanding. In most high volume provider cases, it will be mutually beneficial to the provider and the contractor to explore network, preferred provider status. Any providers identified as having serious or repeated problems related to TRICARE shall be contacted irrespective of volume. Providers with significant problems will be contacted as frequently as necessary to resolve the problems. The high volume (top *five percent* (*5%*)) institutional providers shall be contacted with at least annual personal visits by a contractor representative. In addition, the contractor's representative shall contact the high volume professional providers. Because of the potential number and the possibility of a very remote provider being involved, *the* contractor may wish to use the telephone for contacts with some professional providers. However, if a provider is consistently having problems, a representative's visit should be considered necessary. If a provider appears repeatedly among the top five percent (*5%*), a personal visit by a contractor

representative should be made at least every two (2) years, notwithstanding the use of telephone contact at other times.

### **c. Provider Informational Services**

Contractors are required to provide information services to keep all providers within their services area, whether network or non-network, informed of the TRICARE changes and requirements. A quarterly bulletin shall be mailed to all providers, congressional offices and HBAs in the service area. It should provide information on program coverages, claims filing requirements, eligibility requirements, and specifics of problems the contractor is encountering, such as proper itemization. It should periodically reiterate the requirements for signature authorizations, as required in the [OPM Part Two, Chapter 1](#). Contractors shall provide a copy of the bulletin to the TMA concurrent with distribution.

## **C. Reporting Requirements**

By the thirtieth (30th) day following the close of each contract quarter, the contractor shall submit a summary contact report (refer to [Section IX.C.3.](#)) to the Contracting Officer Representative (COR) at TMA. The report shall include the categories of contacts (high volume providers, Congressional representatives, etc.) and the number of contacts per category, e.g., one hundred (100) high volume provider visits, fifty (50) *Congressional representative* contacts. The contractor shall not routinely send the actual visit and contact reports or the internal contractor management monitoring reports to TMA, but shall maintain them at the contractor's office for review by TMA representatives. The contractor shall notify the COR at TMA of any accomplishments, problems, or recommendations and/or requests from a provider that needs special attention at TMA.