

TRICARE Prime Remote Program

Chapter

8

I. GENERAL

A. Introduction

1. The 1998 National Defense Authorization Act requires coverage for medical care for active duty members of the armed forces (Army, Navy/Marines, Air Force, and Coast Guard) assigned to remote locations that is comparable to coverage under the TRICARE Prime Program. The TRICARE Prime Remote Program (TPR) described in this chapter fulfills this requirement. It provides health care to active duty service members (ADSMs) in the United States and the District of Columbia who meet the eligibility criteria listed below.

2. This chapter describes contractor responsibilities related to health care for ADSMs under the TRICARE Prime Remote Program. It also provides general information about the roles and responsibilities of the armed forces. (See [Section I.H.](#) for TPR in Alaska).

3. Current contract requirements apply to this program unless otherwise specified in this chapter.

4. Contractors shall furnish implementation plans to the Lead Agents within thirty (30) days of receiving the contract modification.

B. Eligibility

NOTE:

Eligibility criteria are included for information purposes only. Contractors have no responsibility for determining eligibility or for deciding in which region an active duty service member shall enroll. These responsibilities lie with the Military Services. Lead Agents will furnish contractors with enrollment information (refer to [Section I.C.](#) below). If a contractor receives a claim for care provided to an active duty service member who is not enrolled in TPR or who is not enrolled in TRICARE Prime at an MTF, the contractor shall process the claim according to the applicable guidelines of the Supplemental Health Care Program ([Chapter 9](#) or [Chapter 10](#)).

1. To receive health care services under the TRICARE Prime Remote Program, an individual must be an active duty member of the armed forces (Army, Air Force, Navy, Marine Corps and Coast Guard) who:

a. Has a permanent duty assignment that is greater than 50 miles (based on ZIP codes) or more than a one (1) hour drive from a military medical treatment facility (MTF) or military clinic designated as adequate to provide the needed primary care services to the active duty service member; and

b. Pursuant to the assignment of such duty, resides at a location that is greater than 50 miles (based on ZIP codes) from an MTF or military clinic designated as adequate to provide the needed primary care services to the active duty service member.

2. The armed forces determine eligibility for the TRICARE Prime Remote (TPR) program; the contractor enrolls designated ADSMs in TPR. At the discretion of the Chief Operating Officer, TRICARE Management Activity, upon recommendation of the Lead Agent, exceptions to the eligibility criteria may be made as follows: (1) where the unit is located in one region (or contract area) and the ADSM lives in an area served by a different contractor, the

ADSM may be enrolled with the contractor for the region serving the unit's location rather than the ADSM's residence; (2) where geographical barriers or other unique situations are determined to exist (e.g., the drive time to the closest MTF exceeds one hour), the unit commander may submit a request for a waiver of the eligibility criteria to the regional Lead Agent. The Lead Agent will review the request and forward a recommendation along with the unit commander's request to the Chief Operating Officer, TRICARE Management Activity (TMA), Skyline Five, Suite 810, 5111 Leesburg Pike, Falls Church, VA 22041-3206, for a determination.

C. TRICARE Prime Remote Program Units

The Military Services will identify the military work units (TRICARE Prime Remote Program units) to which ADSMs eligible for TPR are assigned and forward the identifying data to the Lead Agents. The Lead Agent will supply the contractor with an electronic directory, updated as needed, that lists, by region, the designated TPR ZIP codes for the contractor's region(s). The Lead Agent will also provide unit listings to the contractor so that the contractor can mail educational materials to the units. In some instances, individual member listings (as opposed to units) may be provided.

D. Benefits

1. ADSMs enrolled in the TRICARE Prime Remote Program are eligible for the Uniform HMO Benefit, even in areas without contractor networks. Some benefits—including all mental health services—require review by the member's SPOC so that the Services are aware of fitness-for-duty issues. In addition, if the Managed Care Support Contractor determines that services on a TPR enrollee's claim are not covered under the Uniform Benefit, or that the provider of services is not a TRICARE-authorized provider, the contractor shall forward the claim information (**Addendum D**) to the SPOC for a coverage determination. Upon direction from the member's parent service, the SPOC may authorize health care services not included in the Uniform Benefit and services furnished by providers who are not TRICARE-authorized providers if the health care is specifically required to maintain fitness-for-duty or retention on active duty. See **Section II.** of this chapter for referral and authorization requirements.

2. SPOC-authorized services (those determined by the member's Service to be necessary to maintain fitness-for-duty and/or retention on active duty) will be covered even if they are not ordinarily covered under the TRICARE Prime Program and/or if they are supplied by a provider who is not a TRICARE-authorized provider. A SPOC authorization shall be deemed to constitute referral, authorization, and direction to bypass edits as appropriate to ensure payment of SPOC-approved claims. Contractors shall implement appropriate measures to recognize SPOC authorization in order to expedite claims processing.

3. The contractor shall provide ADSMs enrolled in TPR with no-fee access to the network pharmacy system where available. Where network pharmacies are not available, members may use any available retail pharmacy. A pharmacy or other provider might insist that the service member pay immediately for prescriptions or other health care services. Refer to **Section IV.C.4.** of this chapter for reimbursement information.

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I.B.2.a.(3)(b)

E. Service Point Of Contact (SPOC)

Special Military Service controls and rules apply to ADSMs due to unique military requirements to maintain readiness. The Services will always retain health care oversight of their personnel through their Service points of contact (SPOCs). The SPOC serves as liaison among the ADSM, the ADSM's Military Service, and the contractor for managing the ADSM's health care services. The SPOC reviews referrals for proposed care as well as information about care already received in order to determine impact on an individual's fitness for duty (see [Section II.](#) and [Addendum D](#) for referral and review/authorization procedures). The SPOC, the primary care manager (PCM) (if assigned) and the health care finder (HCF) shall work together in making arrangements for the ADSM's required military examinations. The SPOC will provide the protocol, procedures, and required documentation through the HCF to the provider for these examinations. For required military care that may not be obtainable in the civilian community, the SPOC will refer the ADSM to a military medical treatment facility (MTF) or other military source of care. See [OPM Part Two, Chapter 11](#), for definitions of "Service Point of Contact (SPOC)." Refer to [Addendum A](#) for the addresses and telephone numbers of the SPOCs.

F. Appeal Process

1. If the contractor, at the direction of the Service Point of Contact (SPOC), denies authorization of, or reimbursement for, a TPR enrollee's health care services, the contractor shall, on the Explanation of Benefits or other appropriate document, furnish the enrollee with clear guidance for requesting a reconsideration from or filing an appeal with the SPOC (see [Section I.F.2.](#) below).

2. A TPR enrollee may appeal denials of authorization or reimbursement through the Military Service and the Lead Agent—not through the contractor. If the enrollee disagrees with a denial, the first level of appeal will be through the Service Point of Contact who will coordinate the appeal with the appropriate Lead Agent. The enrollee may initiate the appeal by contacting his/her Service Point of Contact or by calling the Military Medical Support Office (MMSO) at 1-888-646-6676. If the denial is upheld at this level, the SPOC will notify the enrollee of further appeal rights.

3. The contractor shall forward all inquiries and correspondence related to a denial of reimbursement or authorization to the appropriate SPOC.

G. Active Duty Family Members (ADFM)s

1. Except in Regions 1, 2, and 5, TRICARE-eligible active duty family members (ADFM)s accompanying ADSMs who are enrolled in the TRICARE Prime Remote Program may enroll in TRICARE Prime where the contractor has already established adequate networks. If a Prime network has not been established under other contract requirements, the ADFM will receive civilian health care services under the TRICARE Standard Plan (or under TRICARE Extra, where applicable). ADFM)s may use HCF services to locate sources of care and obtain information, and they may use the nurse advice line if available in the region.

2. In Regions 1, 2, and 5, contractors shall follow existing contract requirements for enrolling family members in TRICARE Prime Remote (formerly known as GSUs).

H. TRICARE Prime Remote Program in Alaska

1. The TRICARE Pacific Support Office--Alaska will be responsible for network development and other support functions in Alaska.
2. The MCS contractor shall provide administrative services and support for this program according to the provisions of the current contract (e.g., TRICARE Service Center support and claims processing).
3. Contractors shall apply the provisions in [Section II.B.](#) and [Section II.C.](#), of this chapter to the claims for TPR in Alaska.

I. TRICARE Prime Remote Program Differences.

1. ADSMs have no cost-shares, copayments or deductibles.
2. Nonavailability Statement requirements do not apply to any individual enrolled in TRICARE Prime, including those enrolled in TRICARE Prime Remote.
3. If the contractor has not established a network of PCMs in a remote area, a TRICARE Prime Remote designated ADSM will still be enrolled without a PCM assigned. The contractor will use the DEERS PCM location code of "02" to identify the ADSM without an assigned PCM. The ADSM without an assigned PCM will be able to use a local TRICARE-authorized provider for primary health care services without SPOC review.
4. Point of Service cost-sharing and deductible amounts do not apply to ADSMs enrolled in the TRICARE Prime Remote Program. If an ADSM receives health care services without a referral or authorization, the enrolling contractor shall process the claim and make payment if the care meets all other TRICARE requirements (i.e., the care is medically necessary, a benefit of TRICARE Prime, furnished by an authorized provider, etc.). See [Section II.B.3.b.](#) for information on self-referred care.
5. TRICARE Prime Remote Program claims are not included in the monthly claims audit or in the measurement of the claims processing standards in [OPM Part One, Chapter 1, Section III.B.](#) and [Section III.C.](#)
6. Annual ADSM re-enrollment is not required.
7. If the armed forces determine that an active duty member is eligible for the TRICARE Prime Remote Program, enrollment of the member is mandatory.
8. If a family member has other health insurance that covers the ADSM, the TRICARE Prime Remote Program is primary payer for ADSM care.
9. If third party liability (TPL) is involved in a claim, ADSM claim payment will not be delayed during the development of TPL information from the ADSM.
10. TRICARE Prime Remote claims processing standards are different from the TRICARE claim processing standards ([OPM Part Three, Chapter 8, Section IV.H.](#)).
11. Enrollment jurisdiction may be based on the location of the military work unit instead of the ADSM's residence. This is determined by the Services.

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I.I.12.

12. *TPR coverage may include health care services not included under the Uniform HMO Benefit (Section I.D. above).*

13. *Payment may be made for services furnished by providers who are not TRICARE-authorized (Section I.D. above).*

