

TRICARE Prime Remote Program

Chapter

8

IV. CONTRACTOR RESPONSIBILITIES AND REIMBURSEMENT

A. Contractor Receipt and Control of Claims

1. The contractor may choose to establish a dedicated post office box to receive claims related to the TRICARE Prime Remote Program. This dedicated post office box, if established, may also be the one used for handling Supplemental Health Care Program claims described in OPM Part Three, Chapters 9 and 10.

2. The contractor shall follow appropriate contract requirements for claims received for medical care furnished to ADSMs not enrolled in the TRICARE Prime Remote Program.

B. Claims Processing

1. Jurisdiction

a. The contractor shall apply TRICARE Prime Program claims processing procedures to claims for TPR-enrollees unless otherwise specified in this chapter (refer to Section I. for some of the differences).

b. The contractor shall process inpatient and outpatient medical claims for health care services provided worldwide to the contractor's TRICARE Prime Remote enrollees.

c. The contractor shall forward claims for ADSMs enrolled in TRICARE Prime Remote in other regions to the contractors for the regions in which the members are enrolled according to provisions in OPM Part Two, Chapter 1, Section II.

d. The contractor shall process claims received for ADSMs who receive care in their regions, but who are not enrolled in TRICARE Prime Remote, according to the instructions in OPM Part Three, Chapter 10, for the Supplemental Health Care Program (*).

e. The contractor shall forward ADSM dental claims and inquiries to the appropriate Service Point of Contact (SPOC) (see Addendum A).

2. Claims Processing Exceptions

a. The TRICARE Prime Remote Program does not have a Point of Service (POS) option; therefore, POS claims processing provisions do not apply. Refer to Section II.B.3.b. for information on self-referred care.

b. ADSMs have no cost-share or deductible amounts, no copayments, and no out-of-pocket expenses for approved care.

c. Nonavailability Statement requirements do not apply.

3. Claim Authorization

Refer to Section II.B. for claim authorization guidelines.

C. Claim Reimbursement

1. For network providers, the contractor shall pay TRICARE Prime Remote medical claims at the CHAMPUS allowable charge or at a lower negotiated rate.
2. Contractors shall follow the requirements in OPM Part Three, Chapter 1, Section II.A.1.a.(3)(b) and OPM Part Two, Chapter 4, Section I.G., for claims for TPR enrollees receiving care from non-participating providers.
3. Contractors shall not apply deductible, cost-sharing, or copayment amounts to ADSM claims.
4. If a non-network provider requires an ADSM to pay for health care services immediately and does not agree to submit a claim, the ADSM must submit a claim to the contractor with an itemized statement attached. The statement must show that the ADSM paid part or all of the billed charges for the care. The contractor shall reimburse the ADSM the full amount paid for the care. If the provider billed the service member more than the provider can collect under TRICARE Prime rules, the contractor shall notify the provider that he/she overbilled the ADSM and shall recoup the amount that was overbilled [see OPM Part Three, Chapter 1, Section II.A.1.a.(3)(b)]. The contractor shall provide explanations of benefits (EOBs) to the service member and to the provider according to current contract requirements. The contractor shall also make all EOB information on TPR claims available to the SPOC on a weekly basis.
5. A contractor representative shall notify non-network providers of the requirements related to billing ADSMs for health care services (i.e., information on the prohibition against balance billing, the fact the deductible amounts and copayments do not apply to ADSMs, etc.).
6. If the SPOC requests an extension to review a claim and the contractor does not receive the review decision by the sixtieth (60th) calendar day after receipt of the claim, the contractor shall pay the claim and notify the SPOC as required in Section II.

D. Third Party Liability (TPL)

The contractor shall apply the Third Party Recovery procedures in OPM Part Two, Chapter 5, Section V., to claims for ADSMs enrolled in the TRICARE Prime Remote Program that involve personal injury protection (PIP) insurance payments and third party liability payments. The contractor shall not, however, delay adjudication of claims while waiting for the completed third party liability (TPL) questionnaire and related documentation. The contractor shall, if the claims meet all other TRICARE Prime Remote Program claims criteria, reimburse the claims. The contractor shall, upon receipt of the completed TPL questionnaire, forward it and other related documentation to the appropriate military claims office. If documentation is not complete at the time the claim has completed processing, the contractor shall forward all documentation received to that point to the appropriate Judge Advocate General's office. Any documentation received subsequently shall be forwarded to the same office. As required in OPM Part Two, Chapter 5, Section V.E., the contractor shall send copies of the related explanations of benefits (EOBs) and other required documentation to the appropriate military claims office within 15 working days following the completion of the processing of claims involving third party liability.

TRICARE Prime Remote Program

IV.E.

E. End of Processing

The contractor shall issue an Explanation of Benefits (EOB) for each TRICARE Prime Remote claim processed and shall send copies of the EOB to the provider and the ADSM in accordance with TRICARE Prime claims processing procedures.

F. HCSR Voucher Submittal

The contractor shall report the TRICARE Prime Remote Program claims on separate vouchers according to ADP Manual, Chapter 2, Section III. The HCSR data for each claim must reflect the appropriate data element values. To distinguish a TPR Program voucher from a voucher for other TRICARE claims, the contractor shall utilize the specific Voucher Branch of Service codes mandated in the ADP manual for use in reporting such claims. The contractor shall be reimbursed via the Letter of Credit methodology on a "not-at-risk" basis for the health care costs incurred for each TPR Program claim processed to completion, upon acceptance of the vouchers by TMA.

G. Payment to the Contractor

Payment shall be made within thirty (30) calendar days after TMA/Contract Resources Management receives and accepts a billing voucher.

H. Audits and Inspection of the Contractor's Records

1. The contractor's records and performance shall be subject to periodic inspection at the discretion of the TMA and/or any of the Service Project Officers. Such inspections shall be conducted either at TMA or at the contractor's facility in accordance with the provisions described in OPM Part One, Chapter 3, Section I. The Service Project Officers will coordinate with TMA any audit or inspection of the contractor's records.

2. TRICARE Prime Remote Program claims shall not be included in the TMA monthly claims audit.

I. Standards

1. All TRICARE Program claims processing standards apply to TRICARE Prime Remote claims unless otherwise specified in this chapter.

2. Contractors shall process to completion ninety-five percent (95%) of all TRICARE Prime Remote Program claims in twenty-one (21) calendar days or less, excluding time pended for SPOC review and determination.

3. Contractors shall process to completion one hundred percent (100%) of TRICARE Prime Remote claims no later than sixty (60) calendar days of receipt, even if SPOC review is not completed.

