

## Foreign Claims

### II. FOREIGN CLAIMS FOR DATES OF SERVICE ON OR AFTER OCTOBER 1, 1996 THROUGH SEPTEMBER 30, 1997

#### A. General

1. The TRICARE Overseas Program is designed to assist active duty members who have families accompanying them during their overseas assignments in obtaining quality health care. This program is modeled after the TRICARE stateside program while still allowing for the cultural differences unique to foreign countries and their health care systems. The TRICARE Overseas Program offers a dual option benefit plan, TRICARE Overseas Prime and TRICARE Overseas Standard. Under the TRICARE Overseas Program, TRICARE Overseas Prime is only available for dependents of active duty members who accompany the active duty member in their assignment in foreign countries. TRICARE Overseas Standard is available to all other TRICARE/CHAMPUS eligible beneficiaries who reside in foreign countries. Enrollment of TRICARE/CHAMPUS Overseas eligible beneficiaries and development of a TRICARE Overseas Preferred Provider Network will be the responsibility of the designated Lead Agent for the contractual region, (i.e., TRICARE Europe, TRICARE Pacific, TRICARE SouthCOM).

2. TRICARE Overseas Program claims, including active duty member TRICARE Overseas claims shall be processed to the maximum extent possible in accordance with the CHAMPUS Operations Manual, Automated Data Processing (ADP) Reporting Manual and the TRICARE/CHAMPUS Policy Manual, Chapter 12. TRICARE/CHAMPUS eligible adjunctive dental foreign claims shall be referred to the contractor responsible for processing adjunctive dental claims. CHAMPUSEUR active duty member dental claims shall be processed by the TRICARE Support Office contractor responsible for TRICARE Overseas Program claims processing.

3. The contractor must maximize the use of the Operations Manual as a guide when processing TRICARE/CHAMPUS claims originating in foreign countries. However, with the exception of Puerto Rico, the provisions for claims processing are not intended to be strictly applied to claims for services received in foreign countries. Claims for Puerto Rico shall be processed according to OPM Part Two, Chapter 1. The Contractor shall exercise reasonable judgment to accommodate unusual circumstances relevant to the practices and delivery of health services in overseas jurisdictions.

4. Unless otherwise stated, the requirements provided in this chapter shall not apply to the Managed Care Support Contract Regions and the Air Force CAM demonstration.

#### B. Contractor Responsibilities

##### 1. Claims Processing Responsibilities

Responsibility for processing of and responding to correspondence received related to all TRICARE Overseas claims, including TRICARE Europe active duty member overseas claims, inclusive of TRICARE Europe, TRICARE SouthCOM, TRICARE Pacific, and Puerto Rico, shall be the jurisdiction of the OCHAMPUS Contractor responsible for processing TRICARE Overseas Program claims, except when the beneficiary is a resident of a Managed Care Support (MCS) Contractor Region, or one of the Air Force CAM Demonstrations

areas. In these jurisdictions, it is the responsibility of the area or regional contractor to process TRICARE Overseas claims for those beneficiaries who are residents of these areas/regions and who may generate a TRICARE Overseas claim for services while traveling or visiting abroad utilizing the guidelines below. (For beneficiaries residing in a MCS region, payment for medical care received in foreign countries will be according to the at-risk requirements of the specific MCS contract.) TRICARE Overseas eligible beneficiaries not enrolled in TRICARE Overseas Prime who travel to CONUS and receive health care services shall have their claims processed by the TRICARE/CHAMPUS contractor responsible for where the services were rendered. TRICARE/CHAMPUS eligible beneficiaries enrolled in TRICARE Overseas Prime who travel to CONUS and receive health care services shall have their claims processed by the TRICARE/CHAMPUS contractor responsible for processing TRICARE Overseas claims.

## **2. General Policies and Procedures for all TRICARE Overseas Claims**

The Contractor shall be responsible for establishing and operating a dedicated TRICARE Overseas claims/correspondence processing department with a dedicated staff. Claims for services in foreign countries are to be mailed or faxed directly to the Contractor's dedicated TRICARE Overseas claims processing department. This department and staff shall be under the direction of a supervisor, who shall function as the Contractor's point of contact for TRICARE Overseas claims and related operational and support services.

**a.** The Contractor's special department for TRICARE Overseas claims shall include the following functions/requirements:

**(1)** The Contractor shall secure at a minimum one (1) dedicated post office box for the receipt of all claims and correspondence from foreign locations.

**(2)** The Contractor shall provide toll-free telephone service to Germany, Italy and England only, Monday through Friday from 9:00 a.m. to 5:00 p.m., Central European Time or 2:00 a.m. to 10:00 a.m., Central Standard Time. Staffing of these toll-free lines shall include persons who can speak German.

**(3)** The Contractor's TRICARE Overseas claims staff shall have the ability to translate claims submitted in a foreign language and write in German and Italian, or shall have the ability to obtain such translation or writing.

**(4)** The contractor shall have a designated TRICARE Overseas Coordinator as primary contact for the Lead Agents.

**(5)** The Contractor shall be responsible for the review of all foreign claim appeal cases within their jurisdiction.

**(6)** The Contractor shall use the following as guidelines for processing claims:

**(a)** All TRICARE Overseas claims, including claims relating to drugs, durable medical equipment (DME), may be accepted, reviewed and processed, and paid without the usual requirements for itemization. Payment may be made if the TRICARE Overseas claim or attached information, such as bills, receipts, etc., meets the policy requirements outlined in the TRICARE/CHAMPUS Policy Manual, Chapter 12, and the claims contain the following minimal information:

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II.B.2.a.(6)(a)1

- 1 A valid payable diagnosis;
- 2 Provider name and address;
- 3 Service/supply/drug/DME ordered, performed or prescribed, including date service was rendered;
- 4 NAS when applicable; and
- 5 Total charges. (Itemization of hospital room rates are not required on institutional claims).

**(b)** Drugs identified as non-prescription (over-the-counter) are to be denied. Contractors may use the Red Book or the Blue Book as a reference source for processing drug related TRICARE Overseas claims. However, if the drug is not listed in these reference sources, payment is authorized when determined to be medically indicated.

**(c)** The Contractors are not required to certify TRICARE Overseas providers, as TRICARE/CHAMPUS authorized providers. However, licensure/certification is required if the TRICARE Overseas providers' services/practices are questionable.

**(d)** Requests for additional information required to process all TRICARE Overseas claims to completion shall be forwarded to the beneficiary/provider by the most expeditious method available. If the requests for additional information are not received at the Contractor's request within thirty-five (35) days, the claims shall be denied.

**(e)** Upon completion of review and processing, the CHAMPUS Explanation of Benefits (CEOB) and the draft/check are to be generated in the Contractor's finance office. All TRICARE Overseas drafts/checks and CEOBs shall be first in each payment run. Any drafts/checks that need to be converted to a foreign currency are to be calculated based on the exchange rate in effect on the last date of service listed on the CEOB. TRICARE Overseas currency drafts/checks shall be issued in foreign currency instead of dollars, except for TRICARE Europe (see Paragraphs 3. and 4. of this Section for issuance of foreign drafts/checks to TRICARE Europe). Upon completion of the processing, drafts shall be developed by the contractor within 48 hours, matched with the appropriate CEOBs, and mailed to the beneficiary/sponsor/provider.

**(f)** The Contractor may issue TRICARE/CHAMPUS CEOBs on regular stock which provides a message indicating the exchange rate used to determine payment. CEOBs for countries with toll-free service shall include the toll-free number for that country. Additionally, all CEOBs for TRICARE Europe active duty member military claims shall be annotated "active duty".

**(g)** On all TRICARE Overseas claims the Contractor, in order to reference invoice numbers on CEOBs, is allowed to split claims to accommodate multiple invoice numbers, when necessary.

**(h)** As a guideline, TRICARE Overseas claims shall be sent to the microfilm area, filmed and returned to the contractor's TRICARE Overseas claims unit the same day. This process shall be completed no later than the close of business the following working day of submission.

*(i) The Contractor shall accept APO/FPO for the beneficiary address.*

*(j) The Contractor shall continue verification of eligibility through DEERS and when necessary shall apply DEERS rules as appropriate. The Contractor shall assume that all dependents of active duty members who have accompanied the active duty member in their overseas assignment are enrolled in TRICARE Overseas Prime. The Contractor shall use the TRICARE Overseas enrollment status for determination of claims processing jurisdiction for TRICARE/CHAMPUS eligible overseas travelling beneficiaries (i.e., beneficiary traveling to CONUS and receiving health care services). Additionally, the Contractor shall use DEERS for verification of "active duty status" at the time the services were rendered prior to payment of any TRICARE Europe active duty member claim.*

*(k) The Contractor shall assume that all overseas foreign providers are in the TRICARE Overseas Preferred Provider Network unless the Contractor is advised by the appropriate Lead Agent to exclude a provider from the TRICARE Overseas Preferred Provider Network. Lead Agents must notify, in writing, the contractor's designated Lead Agent contact of those providers/countries they have excluded from the TRICARE Overseas Preferred Provider Network. The Lead Agent will provide the contractor with a copy of a signed TRICARE Overseas Network Provider Designation Letter (see Figure 2-22-A-2). This letter will be used to designate/non-designate providers to the TRICARE Overseas Preferred Provider Network. The contractor may accept signed Lead Agent designation letters when designation/nondesignation is made either by country, inclusive of all providers or by individual provider. Upon receipt of a Lead Agent signed designation letter, the contractor shall update their provider file accordingly and retain a copy of the letter in their provider file. The Contractor is not required to maintain copies of the TRICARE Overseas Preferred Provider Network agreements. The Contractor will be provided a monthly Network Progress Report by Lead Agents for reconciliation of provider network status (activity for the previous 60 days).*

### **3. Policies And Procedures for TRICARE Europe Claims Exclusively**

*a. For claims from any country which do not have a full provider name and address the Contractor shall create "dummy providers," if payment will be made to the beneficiary.*

*b. The Contractor shall use "dummy codes" for all Belgium claims. The FI/Contractor shall not develop for definitions of Belgium codes.*

*c. For claims missing a diagnosis, the Contractor shall use their history within thirty (30) days, or use a "dummy diagnosis," regardless of the dollar amount.*

*d. The Contractor shall use the date the claim form was signed as the specific date of service, if the claim does not indicate the specific date of service.*

*e. The Contractor shall ensure invoice numbers are in "patient account fields".*

*f. The Contractor shall code lump sum payments instead of line items to minimize conversion problems.*

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II.B.3.g.

**g.** The Contractor shall pay claims suspected of Third Party Liability (TPL) and then develop for TPL information. Upon receipt of the information, the Contractor shall refer claims/documentation to the appropriate JAG office, as outlined in OPM Part Two, Chapter 5, Addendum B.

**h.** The Contractor shall have a TRICARE/CHAMPUS bank account capable of receiving/accepting wire transfers from TRICARE Europe for recoupment/overpayment returns. The Contractor may accept the amount wired and the provider's wiring fee as a total recoupment payment. (The Contractor may write off the provider wiring fees).

**i.** The Contractor shall accept APOs/FPOs for the beneficiary address.

**j.** The Contractor shall use the following recoupment procedures for claims from Germany:

**(1)** Recoupment procedures for beneficiaries shall follow the recoupment procedures outlined in OPM Part Two, Chapter 5.

**(2)** Recoupment procedures for providers shall include:

**(a)** An initial demand letter.

**(b)** A second request letter at thirty (30) days.

**(c)** A final demand letter at ninety (90) days.

**(d)** Referral to OCHAMPUS at 180 days, if the case is over \$600.00, and if under \$600.00 the case shall remain open for an additional six (6) months and then shall be written off at 360 days.

**(3)** Recoupment letters (i.e., the initial letter, the thirty (30) day second request and the ninety (90) day final demand letter) shall be modified to delete references to U.S. law. The letters shall be printed in German, however, the Contractor may handwrite the dollar amount and the provider's name and address. Invoice numbers shall be provided on all recoupment letters.

#### **4. Policies and Procedures for German Foreign Claims Exclusively**

**a.** All claims, and correspondence, including information being returned in response to Contractor requests for additional information from Germany shall be sent to the appropriate Contractor.

**b.** The TRICARE Europe Support Office shall facilitate the Contractor when necessary and on occasion may forward claims from Germany for both TRICARE/CHAMPUS eligible beneficiaries and TRICARE Europe active duty member claims.

**c.** The Contractor shall pay claims as billed, including charges from ambulance companies in Germany, for driving physicians to accidents or private residences, for treatment of TRICARE/CHAMPUS beneficiaries, in addition to the normal ambulance charges, prescription ordered mud baths, "rule out" diagnoses, and vitamins, including prenatal vitamins. Claims for abortions and dental care shall be denied.

**d.** *Development for missing information shall be kept to a minimum, however, the Contractor shall always develop for beneficiary and provider signatures and durable medical equipment involving lease/purchase.*

**e.** *When development is necessary, the Contractor shall include a special insert in German which indicates the contractor address for returning requested information.*

**f.** *The Contractor shall issue draft/checks for German claims which look like local German drafts/checks.*

**g.** *The Contractor is not required to routinely accept/process loose bills. However, if the Contractor receives a loose bill, the Contractor shall search their records to determine if there are other claims on history or any claims that are currently in process. If another claim is not found, the loose bill shall be returned to the beneficiary/sponsor/provider uncontrolled with a claim form and instructions for resubmission.*

### **5. Policies and Procedures For TRICARE Europe Active Duty Claims Exclusively**

**a.** *The Contractor shall accept and pay all non-emergency civilian medical/surgical and dental TRICARE Europe active duty member TRICARE Overseas claims for processing even when not a TRICARE/CHAMPUS benefit when the claim is:*

**(1)** *Submitted by the Military Treatment Facility or other military command personnel, or by a designated Point of Contact (POC); and*

**(2)** *accompanied by a CHAMPUS claim form; and*

**(3)** *accompanied by either, a Standard Form 1034, a Standard Form 1034 continuation sheet, or a NAVMED 6320/10 (These forms shall be considered an authorization for care); and*

**NOTE:**

*The SF 1034, SF 1034 continuation sheet or NavMed 6320/10 must be signed by the submitting military command. If a patient signature is not present on the CHAMPUS claim form, the military command must submit a letter of explanation with the unsigned CHAMPUS claim form prior to payment.*

**b.** *The Contractor shall accept and pay TRICARE Europe active duty member TRICARE Overseas claims for TRICARE/CHAMPUS defined emergency care when the CHAMPUSEUR active duty member's TRICARE Overseas claim is:*

**(1)** *Submitted by a foreign provider; and*

**(2)** *Is accompanied by a signed CHAMPUS claim form.*

**(3)** *DEERS verification indicates the TRICARE Europe active duty member was on active duty at the time the services were rendered.*

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II.B.5.c.

**c.** *Emergency submitted active duty TRICARE Overseas claims not meeting the TRICARE/CHAMPUS definition of emergency care should be denied explaining the reason of denial and advising resubmission with proper forms by the appropriate MTF, etc.*

**NOTE:**

*Military submission of an emergency TRICARE Europe active duty member TRICARE Overseas claim and the SF 1034 or SF 1034 continuation sheet, or NAVMED 6320/10 are not required for payment of TRICARE Europe active duty member TRICARE Overseas claims involving emergency care provided to active duty personnel.*

**d.** *The Contractor shall only deny an TRICARE Europe active duty member TRICARE Overseas claims when any one of the administrative items outlined above in paragraphs 1 and 2 of this Section are missing. Upon denial the Contractor shall instruct the CHAMPUSEUR active duty member/provider to contact the local MTF or other military command personnel, for assistance in proper claim submission and in obtaining missing documentation. Copies of CEOBs and claims denied as DEERS ineligible or not submitted by an MTF shall be forwarded to the TRICARE Europe Support Office for further action.*

**e.** *The designated point of contact for TRICARE Europe active duty member overseas claims in Austria, Hungary, Slovenia, Slovakia, Czech Republic and Croatia is the TRICARE Europe Support Office. CHAMPUSEUR active duty member overseas claims in these countries submitted by the TRICARE Europe Support Office shall be paid by the contractor without the required authorization forms.*

**f.** *The Contractor shall follow the additional specific processing procedures outlined under Section II.B.3. and 4. in this Chapter when processing claims for TRICARE Europe active duty members stationed in TRICARE Europe and Germany.*

**g.** *For TRICARE Europe active duty member claims, the Contractor shall create and submit a HCSR following current guidelines in the ADP Manual for HCSR development/submission. These HCSRs will be submitted as batches not as a voucher. The Military Services will be able to access any TRICARE Europe active duty member claim information through TRICARE/CHAMPUS Care Detail Information System (CDIS).*

### **6. Payment of TRICARE Overseas Claims**

**a.** *TRICARE Overseas claims shall be processed using the exchange rate in effect on the ending date that services were received; except for TRICARE Europe claims involving Other Health Insurance (OHI). For TRICARE Europe claims involving OHI the exchange rate of the primary insurer, not the rate based on the last date of service, shall be used to determine the TRICARE/CHAMPUS payment amount. For multiple services, the ending dates of the last service shall be used for determining exchange rates. The same exchange rate shall be used to determine deductible and co-payment amounts, if applicable. Also, the same exchange rate shall be used to determine the amount to be paid in foreign currency.*

**b.** *All TRICARE/Overseas claims shall be paid in foreign currency unless the beneficiary or TRICARE Europe active duty member specifically requests reimbursement in U.S. dollars, except for TRICARE Europe foreign claims (see paragraph 3 below). If payment is desired in U.S. dollars, it must be requested on each claim submitted. The payment shall not be changed to U.S. Dollars after the foreign draft has been issued.*

c. For TRICARE Europe payment of foreign claims shall be paid in U.S. dollars/currency unless the beneficiary or TRICARE Europe active duty member requests payment in local currency.

d. All inpatient and outpatient claims for dependents of active duty members who accompany the active duty member in their overseas assignment, including active duty member TRICARE Overseas claims, are to be processed/paid as indicated below:

Partnership Provider	Deductible/Cost Share Waived	Payment directly to the Provider
Lead Agent Designated Overseas Preferred Network Provider	Deductible/Cost Share Waived	Payment directly to the Provider
Non-Designated Overseas Provider (until designated in/out on 30 September 1997)	Deductible/Cost Share Waived	Payment directly to the provider for Europe, Africa, and the Middle East. All other areas as noted on the claim. Normal AOB rules.
Provider Excluded By Lead Agent From Network	TRICARE Standard Deductible/Cost Share	Payment directly to the beneficiary

e. The Contractor shall mail the drafts/checks and TRICARE/CHAMPUS CEOBs directly to providers unless the claim indicates payment should be made to the beneficiary or TRICARE Europe active duty member or the provider has been excluded by the Lead Agent from the TRICARE Overseas Preferred Provider Network. In conformity with banking requirements, the drafts/checks shall contain the Contractor's address. Drafts/checks and CEOBs shall be mailed with U.S. postage.

f. Upon payment for TRICARE Europe active duty member TRICARE Overseas claims, a copy of the CEOB and, when applicable, the SF 1034 or NAVMED 6320/1034, shall also be sent to the Military Treatment Facility (MTF), or MTF command personnel, or a designated Point of Contact (POC).

g. The Contractor will, on a monthly basis, submit a request for payment of TRICARE Europe active duty member TRICARE Overseas claims in the format of a single bill delineated by military service to Landstuhl Finance and Accounting Office. Each bill shall include total monthly charges separated by benefit dollars and administrative charges per claim. Additionally each bill shall be accompanied by a monthly summary report of total expenditures by currency (for e.g. for the month of January \$600,000 worth of claims were paid, of that \$600,000, \$300,000 were paid in DM, \$200,000 were paid in FF, etc.).

**7. TRICARE Overseas Currency Gains and Losses**

a. General. This section outlines procedures for determining and processing TRICARE Overseas currency gains and losses resulting from payments made to providers and/or beneficiaries in foreign countries by the contractor including TRICARE Europe active duty member TRICARE Overseas claims.

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II.B.7.b.

**b.** *Figuring Gains or Losses.* The gains and losses shall be computed as follows: The exchange rate in effect on the "Ending Date of Care" shall be the rate used in the claims adjudication process. The difference between the cost of the foreign currency on the "Ending Date of Care" and the contractor payment date shall be the gain or loss on the transaction.

**c.** *TRICARE Overseas Currency Report.* The Contractor shall provide a TRICARE Overseas Currency Report identifying the gain or loss for the month reported to arrive at the TRICARE Support Office (TSO), Attn: RMF, by the 10th calendar day following the month reported.

**d.** *Net Gain.* For months that result in a net gain the Contractor shall forward the report along with their check payable to DoD, TSO, for the gain from currency conversion.

**e.** *Net Loss.* TSO will reimburse the contractor for any losses incurred from currency conversion. The report shall be accompanied by a letter (invoice) requesting reimbursement for the loss incurred. This payment will not be subject to the Prompt Payment Act as amended, therefore, payment by the TSO will usually be made within five (5) workdays of receipt of the invoice.

**f.** *Audits.* These reports, and the claims supporting them, are subject to audit by the TSO or other authorized Government auditors as a part of any ongoing financial audit.

**g.** *For TRICARE Europe active duty member TRICARE Overseas claims,* the Contractor shall follow the above procedures for calculating foreign currency gains and losses and reporting requirements. However, the report and net gains/losses shall be sent to Landstuhl Financing and Accounting. Landstuhl Financing and Accounting will reimburse the Contractor for any losses incurred from currency conversion.

### **8. Processing Standards for TRICARE Overseas Claims.**

**a.** *The Contractor shall process 85% of TRICARE Overseas claims including TRICARE Europe active duty member TRICARE Overseas claims to completion within 21 days.*

**b.** *The Contractor shall meet current CONUS correspondence standards for all TRICARE Overseas claims including TRICARE Europe active duty member TRICARE Overseas claims (see OPM Part Two, Chapter 8, Section III.).*

### **9. Reporting Requirements for TRICARE Overseas Claims.**

**a.** *The Contractor shall report the TRICARE Overseas claims correspondence volume to the TSO, Chief, Managed Care Support Branch A (MCA) weekly.*

**b.** *The Contractor shall submit a monthly report on TRICARE Europe active duty member TRICARE Overseas claims due the 15th of each month to each of the following military offices:*

- (1)** *TRICARE Europe Support Office  
Director, TESO/CHAMPUS*

Unit 29220  
APO AE 09102

- (2) Fleet Surgeons Office, U.S. Navy Europe  
Fleet Medical Officer  
CINCUSNAVEUR  
PSC 802 Box 2  
APO AE 09499-0151
- (3) U.S. Air Force Europe Surgeon's Officer  
HQ USAFE/Command Surgeon  
Unit 3050 Box 130  
APO AE 09094-0130
- (4) Commander, U.S. Army Europe EHSSA  
CMDR Europe Regional Medical Center  
Attn: Managed Care Division  
CMR 402  
APO AE 09180
- (5) Director, TRICARE Europe Support Office  
Unit 10310  
APO AF, 09094-0310

**(a)** Each of the military services will establish a designated Point of Contact in each of the above listed military offices to work with the contractor if additional information is needed.

**(b)** The PAID CLAIMS AND CURRENT INVENTORY report shall be sorted in descending order by: Branch of Service, Fiscal Year in which services were provided, APO/FPO of the TRICARE Europe active duty member's unit. This report will have the following fields: CHAMPUSEUR Active Duty Member's Name, Duty Station Address, SSN, Date of Service, ICD9 Code, CPT 4 Code, Provider Name, Provider Address, Amount Billed, Amount Allowed. This report will also have a summary page showing current claim inventory and processing cycle time.

**c.** The Contractor shall submit a MONTHLY NETWORK PROGRESS REPORT due on the 15th of each month which provides the Lead Agent with full provider information for those providers whose claims were processed during the previous month. The file report shall be sorted by Lead Agent, by country, by volume, and by provider status. The report may be sent on diskette editable by field or via Internet e-mail.

**d.** The Contractor shall submit to TSO, the Lead Agent, and ASD (HA) on the 15th of the month, a one-page paper MONTHLY SUMMARY PROGRESS REPORT sorted by Lead Agent. The report shall summarize for the month, the percentage of claims provided by network, non-network and Partnership Providers.

**e.** The Contractor shall submit a QUARTERLY PROVIDER REPORT sorted by Lead Agent listing all network providers. The quarterly report shall be sorted by country, by city, and shall contain the following data fields: Provider's Name, Provider's Address, Type of Facility and Provider Speciality. This report may be submitted by the

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II.B.9.e.

Contractor to the Lead Agent on diskette or via Internet e-mail. File formats shall be sortable by the Lead Agents.

**f.** The Contractor shall submit a quarterly TRICARE OVERSEAS NONENROLLEE REPORT to each Lead Agent identifying claims from TRICARE Overseas nonenrollees. This report shall include the following fields: Sponsor's Name; SSN; Branch of Service; Beneficiary's Name, address, and country on diskette or via Internet e-mail.

### C. Point Of Contact (POC) Program

#### 1. General

**a.** The Contractor shall operate a specialized point of contact telefax overseas claims receipt and processing system program for designated Uniformed Services bases and locations, remotely located Defense Attache Offices (DAOs) and Security Assistant Organizations (SAOs). These designated Points Of Contact (POCs) are established by the Uniformed Services, the Defense Intelligence Agency (DIA) and the Defense Security Assistance Agency (DSAA), with concurrence/approval by OCHAMPUS.

**b.** A written request from the Commanding Officer of a foreign military base or location, or DAOs, and SAOs will be submitted to the TRICARE Support Office (TSO), Chief, Managed Care Support Branch A (MCA), Aurora, Colorado 80045-6900. This request will include the rationale and justification for the request, will specify the name of the individual responsible as the POC, including any alternate and telefax numbers.

**c.** Upon receipt of the written request, the Chief, MCA will review the request for approval. After the "REQUEST" has been approved for a designated POC, the Chief, MCA will notify the Contractor of the official POC, and will also forward a copy of the Contractor's notification to the POC's Command. This same process should be followed when subsequent changes are made to a designated POC.

**d.** Current listings of POCs shall be maintained by the Contractor responsible for foreign claims, in coordination with TSO.

**e.** The Contractor shall operate a dedicated telefax for the purpose of receiving and expediting TRICARE Overseas claims and correspondence from all designated POCs. The Contractor shall in turn use the telefax to request information from all POCs, when additional information is needed to process the TRICARE Overseas claim or correspondence. When information has been requested from the POC, the Contractor shall pend the claim for 10 calendar days. If the requested information is not received from the POC by the Close of Business (COB) on the 10th calendar day, the claim shall be denied.

**f.** In those locations where a single point of dispersal has been established for all payments sent to that country, the Contractor shall batch payments and CEOBs by foreign country and mail the payments and CEOBs in pouches using overnight mail delivery at least once every five (5) working days. The payments and CEOBs in the pouches shall be separated by individual beneficiary/provider and contained in a sealed window envelope for POC distribution. If overnight mail service is not available in certain foreign locations, the Contractor shall use the most expeditious service available.

**g.** The Contractor shall have the capability to perform currency conversions and maintain historical exchange rates in order to make payments in local

currency to permit payment based on the exchange rate in effect on the last date of service as required by Section II.B.4. of this Chapter.

## 2. Responsibilities of all POCs

a. POCs will receive TRICARE Overseas claims for services provided in foreign countries from beneficiaries and providers of care, and TRICARE Europe active duty members and ensure that the claims are correctly completed.

b. POCs will FAX claims in the proper format, containing the required information, to the Contractor for processing. Guidelines for properly completing a TRICARE/CHAMPUS claim form are provided in Addendum A of this chapter.

c. POCs are responsible for providing the Contractor with any additional information requested, via the FAX system, within ten (10) calendar days of receipt of the request. Claims will be denied if the information is not received within the specified time frame.

d. POCs shall receive weekly payment drafts/CEOBs from the claims processor via priority mail, pouch mail, or the most practical and expeditious mutually agreed upon method available.

e. POCs shall establish a "check list" control system to track the claim(s) submitted for processing and to track payment/dispositions sent by the Contractor to the POC. The POC is responsible for the distribution of payments/dispositions to TRICARE/CHAMPUS beneficiaries and/or providers and/or active duty members.

f. POCs are responsible for educating the local beneficiary and provider, and CHAMPUSEUR active duty member population on the correct claims filing procedures.

g. Only officially designated POC faxed claims shall be accepted by the contractor.

h. Overseas FAX numbers shall be commercial and shall be accessible to receive data twenty-four (24) hours a day.

i. POCs are responsible for making sure the claim form is completed and signed by the patient, or by the parent in the case of a minor.

### Note:

If the TRICARE Europe active duty member's signature is not present on the CHAMPUS claim form, the military command must submit a letter of explanation with the unsigned CHAMPUS claim form prior to payment.

j. POCs are responsible for attaching copies of all itemized bills (not receipts) associated with the claim and maintaining hard copy backup files of claims faxed to the claims processor.

k. POCs are responsible for ensuring that only claims for health care services provided in foreign countries are forwarded for processing. The Contractor shall process only claims for services provided in foreign countries.

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II.C.2.k.(1)

- (1) *When a claim is being returned to the Contractor by a POC because it is thought to have been processed incorrectly, POCs shall refer to the claim number of the claim in question and provide a copy of the CEOB with the inquiry. A new claim should not be submitted.*
- (2) *When a family member is not enrolled in DEERS, a copy of the front and back of the family member ID card shall be sent in with the claim (unless the family member is a newborn, in which case the claims will be processed normally without an enrollment or ID card requirement).*
- (3) *POCs shall not submit claims for care not yet received.*

