



**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS**

16401 EAST CENTRETECH PARKWAY  
AURORA, COLORADO 80011-9066

TRICARE  
MANAGEMENT ACTIVITY

PRD

CHANGE 1  
6010.51-M  
AUGUST 26, 2002

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
TRICARE OPERATIONS MANUAL (TOM)**

The TRICARE Management Activity has authorized the following addition(s)/revision(s) to 6010.51-M, reissued August 2002.

**CHANGE TITLE:** CONSOLIDATED

**PAGE CHANGE(S):** See pages 2 through 4.

**SUMMARY OF CHANGE(S):** This administrative change clarifies the requirements for claims processing, enrollments, transitions, and the HHS HIPAA Privacy Regulation.

**EFFECTIVE DATE AND IMPLEMENTATION:** Upon start of Health Care Delivery.

This change is made in conjunction with Aug. 2002 TPM, Change No. 1, Aug. 2002 TRM, Change No. 1, and Aug. 2002 TSM, Change No. 1.

  
Mary C. Boykin  
Chief, Office of Program Requirements

**ATTACHMENT(S):** 263 PAGES  
**DISTRIBUTION:** 6010.51-M

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## SUMMARY OF CHANGES

Throughout this change, health care delivery was changed to services and MCSC was changed to contractor, and added TRICARE Dual Eligible FI Contract (TDEFIC) as appropriate.

### CHAPTER 1

1. Section 3. Page 6. Added reference.
2. Section 5. Page 16. Updated HIPAA Privacy Regulation references.
3. Section 8. Pages 3 and 4. Changed requirement for phase-in of TRICARE Prime enrollments. Clarified process of transferring enrollment files and the collection of enrollment fees.
4. Section 8. Page 5. Added requirement for enrollment year catastrophic cap totals.

### CHAPTER 4

5. Section 1. Page 4. Added TDEFIC COR to be included in the audits.

### CHAPTER 6

6. Section 1. Pages 2 and 3. Clarified the assignment of the PCM.
7. Section 1. Pages 4 through 8. Added language clarifying enrollments and disenrollments.
8. Section 3. Page 1. Added language regarding enrollment year catastrophic cap accumulations.
9. Section 4. Pages 1 and 2. Corrected the use of PCC.

### CHAPTER 8

10. Section 2. Page 7. Deleted "CONUS" under Medicare Dual Eligibles.

### CHAPTER 9

11. Section 6. Pages 7 and 8. Added language regarding "snowbird" claims.
12. Addendum E. Page 53. Deleted "by claimcheck".

SUMMARY OF CHANGES(Continued)

CHAPTER 10

- 13. Section 6. Pages 7 and 8. Added language regarding “snowbird” claims.
- 14. Addendum B. Page 4. Deleted “Incorrect DEERS Dependent Suffix”.
- 15. Addendum E. Page 53. Deleted “by claimcheck”.

CHAPTER 12

- 16. Section 1. Pages 2 and 3. Clarified types and to whom the educational materials shall be sent. Added TRICARE Standard to be described in the TRICARE handbook.
- 17. Section 3. Page 3. Deleted language regarding the TRICARE Dental Program for non-active duty dependents.
- 18. Section 6. Page 2. Changed “DEERS Program Office” to “DMDC Support Office (DSO)”.
- 19. Section 7. Page 1. Changed “region” to “contract area”.
- 20. Section 7. Page 2. Added language to the telephone requirements regarding beneficiary’s questions about DEERS.

CHAPTER 14

- 21. Section 5. Page. Added the word “calendar”.

CHAPTER 15

- 22. Section 2. Page 2. Added the requirement for the TDEFIC claims processing statistics report.
- 23. Section 4. Page 3. Clarified that POS does not apply to TDEFIC.

CHAPTER 17

- 24. Section 1. Page 4. Clarified language regarding TRICARE Prime Remote enrollments.
- 25. Section 6. Page 2. Deleted language regarding the requirements for a PCM.

**SUMMARY OF CHANGES(Continued)**

**CHAPTER 18**

26. Section 3. Pages 1 and 2. Added language regarding how outpatient claims shall be processed.

**CHAPTER 19**

27. Section 3. Page 2. Clarified that eligibility is SHCP eligibility.

**CHAPTER 21**

28. Section 2. Page 7. Added TDEFIC to the Standards for Electronic Transactions Final Rule.

29. Section 3. Pages 1 through 11. Clarified privacy language and updated references.

30. Addendum C. Pages 2 and 3. Added Figure 21-C-2. Annual Risk Assessment Letter of Assurance.

**CHAPTER 22**

31. Section 5. Pages 1 through 13. Added language for TDEFIC transitions.

**APPENDIX A**

32. Updated the acronyms and definitions.

