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TRICARE  
MANAGEMENT ACTIVITY

PRD

CHANGE 2  
6010.51-M  
SEPTEMBER 25, 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 records management, appeals and hearings, health care finder functions, privacy of individually identifiable health information and TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC) claims audits.

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

This change is made in conjunction with Aug. 2002 TPM, Change No. 2, Aug. 2002 TRM, Change No. 2, and Aug. 2002 TSM, Change No. 2.

  
Mary C. Boykin  
Chief, Office of Program Requirements

ATTACHMENT(S): 207 PAGES  
DISTRIBUTION: 6010.51-M

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**6010.51-M**  
**SEPTEMBER 25, 2002**

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## SUMMARY OF CHANGES

Administrative changes were made throughout this change. In some instances the term authorization was changed to referral and Health Care Finder was changed to contractor.

### CHAPTER 1

1. Section 3, Page 6. Added reference to DoD Health Information Privacy Regulation.
2. Addendum A, Page 3. Deleted Figures 1-A-2 and 1-A-3.

### CHAPTER 2

3. Section 2, Pages 1 through 14. Changed category to series.
4. Section 2, Page 1. Updated the description for Office General Management Files.
5. Section 2, Page 2. Deleted (Non-Record Material).
6. Section 2, Page 3. Updated the Series Number, disposition instructions and the storage location for Administrative Files.
7. Section 2, Page 7. Changed the title of Managed Care to Case Management.
8. Section 2, Page 10. Updated the Series Number for Quality Assurance Studies and Analyses of Health Care Quality.
9. Section 2, Page 13. Changed the Storage location for HIPAA Control Records.
10. Section 2, Page 14. Updated retention dates.

### CHAPTER 5

11. Section 1, Page 3. Corrected hold harmless exclusions.
12. Addendum A, Pages 1 through 15. Deleted Clinical Quality Management Program (CQMP) in the Military Health Services System Directive.

## SUMMARY OF CHANGES

### CHAPTER 6

13. Section 1, Page 4. Clarified transitioning of enrollment periods.
14. Section 1, Page 5. Added language for the contractor to reconcile their fee payment system against DEERS prior to processing a disenrollment.

### CHAPTER 7

15. Section 2, Page 1. Added organ and stem cell transplants to the preauthorization list. Added language for preauthorization effective and expiration dates.
16. Section 3, Page 1. Revised the range of estimated cases per region.

### CHAPTER 11

17. Section 5, Pages 3 and 4. Deleted requirements for Sections I and II of the DD Form 2527.
18. Addendum A, Pages 8 through 10. Deleted requirements for Sections I and II of the DD Form 2527.

### CHAPTER 12

19. Section 2, Page 2. Deleted the requirement for Approval of Beneficiary Education Materials.
20. Section 3, Page 1. Delete the requirement for the Government to provide interface to CHCS at the TSC.

### CHAPTER 13

21. Section 1, Page 2. Added clarification as to what is an appropriate appealing party.
22. Section 2, Pages 1 and 2. Clarified custodial parent and where the appeal is to be mailed.
23. Section 2, Page 8. Clarified how related claims shall be processed for a reconsideration determination.

## SUMMARY OF CHANGES

### CHAPTER 13 (Continued)

24. Section 3, Page 2. Added Point of Service as a non-appealable issue if it is not an emergency.
25. Section 3, Page 6. Clarified how a timely basis is measured for a contractor's response to a beneficiary inquiry. Added electronic mail as a means to respond to the appealing party.
26. Section 3, Page 10. Added information to be provided in a reconsideration. Clarified what applicable text the contractor should submit in a review case, that the patients condition and symptoms are to also be included and the patients medical condition must be related to the applicable TRICARE criteria.
27. Section 3, Pages 13 and 14. Replaced language for the Effect of the Reconsideration Determination with language from Section 4, paragraph 3.3.
28. Section 3, Page 15. Defined what a record of reconsideration shall include.
29. Section 3, Page 16. Added that written responses shall also be submitted in the formal review or hearing.
30. Section 4, Page 1. Added language stating that the contractor shall record contacts with the provider before issuing an initial denial determination.
31. Section 4, Page 2. Defined Timing of Notice.
32. Section 4, Page 7. Moved language for paragraph 3.3, Effect, to Section 3, paragraph 7.0.
33. Section 5, Page 2. Clarified examples of Factual Determinations.

### CHAPTER 15

34. Section 3, Page 5. Deleted the submission of the number of outpatients/ admissions credits for the resource sharing report.

### CHAPTER 16

35. Section 2, Page 5. Removed cross-reference to Chapter 5, Addendum (since it is being deleted in this change).

## SUMMARY OF CHANGES

### CHAPTER 16 (Continued)

36. Addendum A, Page 1. Deleted the requirement for the MTF Commander to establish UM procedures for care delivered in civilian networks.
37. Addendum A, Page 2. Deleted the requirement for the MTF Commander to finalize contracts with civilian providers.
38. Addendum A, Page 3. Deleted the specific Health Care Finder functions.
39. Addendum A, Page 4. Deleted the NAS requirement.

### CHAPTER 17

40. Section 2, Page 4. Deleted language relating to how the contractor shall authorize care.
41. Section 2, Page 5. Deleted language on how the HCF was to assist with appointments.
42. Section 4, Page 2. Deleted language allowing the contractor to initiate recoupment action from a non-participating provider.
43. Section 6, Page 2. Updated language for how referrals are to be processed.

### CHAPTER 18

44. Section 3, Page 3. Clarified how the contractor is to verify authorized care.
45. Section 3, Page 6. Deleted language allowing the contractor to initiate recoupment action from a non-participating provider.
46. Section 3, Pages 7 and 8. Changed the language to reflect that the enrolling MTF is responsible for payment of referred care.
47. Section 3, Page 11. Deleted language regarding HCF phone lines.

## SUMMARY OF CHANGES

### CHAPTER 19

- 48. Section 3, Page 5. Deleted language allowing the contractor to initiate recoupment action from a non-participating provider.
- 49. Section 3, Page 8. Deleted language regarding HCF phone lines.

### CHAPTER 20

- 50. Section 2, Page 3. Deleted Specialized Treatment Services requirement.
- 51. Section 2, Page 7. Deleted NAS requirement.

### CHAPTER 21

- 52. Section 3, Page 5. Clarified how requests to access protected health information and requests for amendments to protected health information are to be processed.
- 53. Section 3, Page 6. Deleted language on various data that was to be forwarded to the TMA Privacy Officer.
- 54. Section 3, Page 7. Added references and clarified the process in which psychotherapy notes are to be released.
- 55. Section 3, Page 10. Clarified types of protected health information.
- 56. Section 3, Page 11. Deleted language on various data that was to be forwarded to the TMA Privacy Officer.

### CHAPTER 22

- 57. Section 3, Page 2. Deleted the reference to network discount arrangements.
- 58. Section 4, Pages 1 and 2. Defined claim audits.

### APPENDIX A

- 59. Page 20. Updated Health Care Finder System definition. Added High Volume Provider.

