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TRICARE
MANAGEMENT ACTIVITY

PRD

CHANGE 3
6010.51-M
NOVEMBER 7, 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 and 3.

SUMMARY OF CHANGE(S): See pages 4 through 7.

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

This change is made in conjunction with Aug. 2002 TPM, Change No. 3, Aug. 2002
TRM, Change No. 3, and Aug. 2002 TSM, Change No. 3.

Mary C. Boykin
Chief, Office of Program Requirements

ATTACHMENT(S): 149 PAGES
DISTRIBUTION: 6010.51-M

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Section 8, pages 3 through 16

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APPENDIX A

pages 13 and 14

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SUMMARY OF CHANGES

CHAPTER 1

1. Section 3, Pages 9 and 10. Deleted language concerning Duplicate Claims offsets.
2. Section 4, Page 3. Added language to state that the claims in the sample shall include all claim types.
3. Section 8, Page 3. Revised marketing and education language. Corrected the spelling of "form".
4. Section 8, Page 5. Revised the Phase-In requirements of the TRICARE Service Centers.

CHAPTER 4

5. Section 1, Page 4. Changed the requirement for provider file audits. Deleted reference to resource support.

CHAPTER 5

6. Section 1, Page 2. Clarified language for provider network development.
7. Section 1, Pages 3 and 4. Added clarification to the Hold Harmless provision.

CHAPTER 6

8. Section 1, Page 1. Added language to state that identification must be shown to a provider to demonstrate eligibility.
9. Section 1, Page 2. Clarified that PCM assignments will be accomplished through a government-provided application.
10. Section 1, Page 3. Changed calendar days to working days.
11. Section 1, Page 4. Clarified language for enrollment period and disenrollments.
12. Section 1, Page 5. Added language for enrollment fees when aligning the enrollment period with the fiscal year.
13. Section 1, Pages 6 and 7. Changes "Sponsor's Status" to "Member Category". Clarified language for processing enrollment fees for beneficiaries that are Medicare Part B eligible.

SUMMARY OF CHANGES (Continued)

CHAPTER 7

14. Section 1, Pages 2 and 3. Added language concerning Reviewer Qualifications.
15. Section 1, Page 5. Deleted language that required the contractor to provide the records.
16. Section 4, Pages 2 through 5. Revised the language for Potential Quality Indicators and Quality Indicators.

CHAPTER 8

17. Section 2, Page 1. Added clarification for payment of DRG and per diem claims.
18. Section 2, Pages 7 and 8. Added out-of-jurisdiction language to pharmacy claims and Medicare dual eligible claims.
19. Section 6, Page 2. Revised language in regards to claims for certain ancillary services.

CHAPTER 12

20. Section 1, Pages 1 through 3. Revised marketing and education requirements.
21. Section 2, Page 1. Deleted monthly submission of articles for MTF/Base newspapers.
22. Addendum A, Pages 1 through 5. Specified the colors to be used in the printing of the TRICARE logo. Deleted language for Memorandums of Understanding.

CHAPTER 13

23. Section 1, Page 5. Changed "21 calendar days" to "the claims processing standards".
24. Section 3, Page 6. Spelled out the acronym TOM.
25. Section 3, Page 7. Revised language for Reconsideration Reviewers.
26. Section 3, Pages 10 and 12. Added language for Hold Harmless provision and Point-of-Service option.
27. Section 6, Page 2. Changed "21 calendar days" to "the claims processing standards".

SUMMARY OF CHANGES (Continued)

CHAPTER 15

- 28. Section 3, Page 5. Corrected the name of the committee.
- 29. Section 3, Page 6. Changed "Marketing and Education Committee" to "TMA Communications and Customer Service Directorate."

CHAPTER 17

- 30. Section 3, Pages 1 through 3. Revised language in regards to who will supply the educational materials.

CHAPTER 18

- 31. Section 3, Page 1. Added clarification in regards to TRICARE For Life beneficiaries.
- 32. Section 3, Page 2. Revised the language in regards to claims associated with inactive reservists.

CHAPTER 19

- 33. Section 3, Page 2. Added clarification in regards to SHCP eligibility.

CHAPTER 21

- 34. Section 3, Pages 4 through 6. Added clarification as to who will furnish copies to the appropriate parties.

CHAPTER 22

- 35. Section 1, Page 1. Added areas of Coverage.
- 36. Section 2, Page 1. Added areas of Coverage.
- 37. Section 3, Page 2. Deleted Non-Availability Statement requirement for inpatient mental health.
- 38. Section 4, Page 1. Added language in regards to accessing customer service.
- 39. Section 4, Page 2. Clarified that it is the "TDEFIC Contractor."

SUMMARY OF CHANGES (Continued)

CHAPTER 22 (Continued)

40. Section 5, Page 1. Revised the list of who the TEDFIC contractor is to have interface meetings with.
41. Section 5, Page 2. Deleted CHCS from systems development. Deleted "MOU with Marketing and Education Contractor: paragraph.
42. Section 5, Page 5. Changed "Marketing and Education Committee" to "TMA Communications and Customer Service Directorate". Deleted "Web-based Services and Applications" paragraph.
43. Section 5, Page 7. Corrected reference.
44. Section 5, Page 8. Deleted language in regards to contracted rate files.

APPENDIX A

45. Removed "marketing" from the definition of "Contractor".

