Chapter 16 Section 6

TRICARE Prime Remote For Active Duty Family Member (TPRADFM) Program

1.0 INTRODUCTION

TRICARE Prime Remote for Active Duty Family Member (TPRADFM) provides TRICARE Prime like benefits to certain Active Duty Family Members (ADFMs) who reside with the TRICARE Prime Remote (TPR) Active Duty Service Member (ADSM) sponsor in remote locations in the United States and the District of Columbia. It also provides continued TPRADFM eligibility for family members residing at remote locations after the departure of the sponsor for an unaccompanied assignment, and eligibility for family members of Reserve Component (RC) members ordered to active duty. It covers family members of ADSMs of all seven Uniformed Services in the United States and the District of Columbia. TPRADFM benefits are comparable to TRICARE Prime, including access standards, benefit coverage, and cost-shares. TPRADFM does not apply to ADFM enrollees in areas outside the 50 United States. Such care and claims shall be processed in accordance with the TRICARE Overseas Program (TOP), Chapter 24 and TRICARE Policy Manual (TPM), Chapter 12. The Military Medical Support Office (MMSO) and the Service Point of Contact (SPOC) are not involved in any part of TPRADFM.

2.0 ELIGIBILITY

To be eligible for enrollment under TPRADFM, family members of ADSMs must meet the following eligibility requirements:

2.1 The ADSM sponsor is eligible for, and enrolled in TPR and the ADFM resides with the ADSM in a TPR area, or

2.2 The ADSM is enrolled to a small government clinic, troop medical clinic, or other facility not capable of primary care management functions. These clinics have been designated by the Services and are located in certain TPR zip codes. These clinics allow active duty enrollment only, and are identified by Defense Medical Information System Identification Codes (DMIS-IDs). A list of applicable DMIS-IDs for the region will be provided to the Managed Care Support Contractor (MCSC) by the Regional Director (RD). The ADFM must reside with the ADSM member who is enrolled in a DMIS-ID Clinic in a TPR area.

2.3 National Guard/Reserve members who are ordered to active duty for a period of more than 30 days are not required to be eligible for, or enrolled, in TPR for their family members to be eligible for TPRADFM. Their family members are eligible for TPRADFM if they meet the criteria of paragraph 2.6.

2.4 If an ADSM receives a subsequent unaccompanied assignment after the TPR assignment and the family members are not authorized to accompany the member to the next duty assignment,

and they continue to reside in the same TPR location, the family members may remain in TPRADFM for the duration of the subsequent assignment.

2.4.1 ADFMs currently enrolled in TPRADFM, who transition to Transitional Survivor status, may remain enrolled in TPRADFM. See TPM, Chapter 10, Section 7.1 for further information.

2.4.2 All Transitional Survivors may enroll in TPRADFM. At the request of the Transitional Survivor the contractor shall accept and process new and continued enrollment applications submitted by any Transitional Survivor living in, or moving to a TPR area. Enrollment in TPRADFM may continue for Transitional Survivors for the entire Transitional Survivor period. TPRADFM is not available to Survivors as they then become eligible for retiree family member benefits and cost-sharing. For example, after three years the surviving spouse is considered a survivor and, while still eligible for TRICARE, eligibility is at retiree payment rates and rules. Consequently, they are ineligible for TPRADFM which is an active duty program.

2.4.3 Transitional Survivor/Survivor status does not impact eligibility rules. Loss of eligibility as a result of any condition which routinely results in loss of TRICARE eligibility such as reaching age limits, marriage, remarriage, etc. also results in loss of Transitional Survivor/Survivor status.

2.5 "Resides with" is defined as the TPR residence address at which the family resides/resided with the sponsor while the sponsor was enrolled in TPR. Transitional Survivors only have to have a residence address in a TPR area to be eligible to enroll in TPRADFM.

2.6 To be eligible for enrollment under TPRADFM, family members of federalized National Guard/ Reserve members ordered to active duty for a period of more than 30 days must meet the following eligibility requirements:

- The family members reside with the member at the time of activation, and
- The residence address is located in a TPR zip code,
- "Resides with" is defined as the TPR residence address at which the family resides with the activated reservist upon activation.
- The federalized National Guard/Reserve member does not have to be TPR eligible or enrolled. However, for their family members to be eligible for TPRADFM the member must be ordered to active duty for a period of more than 30 days.
- Once enrolled in TPRADFM the family members of the federalized National Guard/ Reserve member, continuing to reside at the TPR residence address, may remain in TPRADFM for the period of active duty of the member, regardless of the subsequent assignment, enrollment location, or residence of the member.
- Family members of the federalized National Guard/Reserve member, continuing to reside at the TPR residence address, may enroll even after the sponsor has deployed/left for a subsequent assignment.

3.0 BENEFITS

ADFMs enrolled in TPRADFM are eligible for the Uniform Health Maintenance Organization (HMO) Benefit, even in areas without contractor networks.

4.0 NETWORK DEVELOPMENT

TPRADFM has no network development requirements, except where contractually required. ADFMs enrolled in TPRADFM shall be assigned, or be allowed to select, a Primary Care Manager (PCM) when available through the TRICARE civilian provider network. If a network provider is not available to serve as a primary care provider, the TPRADFM enrollee may utilize any local TRICARE participating or authorized provider for primary care services. Enrolled ADFMs are required to use network providers where available within contractual access standards. If a network provider cannot be identified within the access standards, the enrolled family member shall use a TRICARE authorized provider. Contractors shall assist ADFMs in finding a TRICARE network or authorized provider for specialty care. The beneficiary may be eligible for the Prime travel benefit when referred more than 100 miles for specialty care. If the contractor has not established a network of PCMs in a remote area, a TPR designated ADFM will be enrolled without a PCM assigned. A generic PCM code will be used for TPRADFM enrollees without assigned PCMs. The ADFM without an assigned PCM will be able to use a local TRICARE participating or authorized provider for primary health care services without preauthorization. If a TPRADFM questions whether a service is covered as primary care, they may contact the contractor for assistance.

5.0 UNIFORMED SERVICES FAMILY HEALTH PLAN (USFHP)

If a USFHP is available to ADFMs in a TPR area, the ADFMs have the choice of enrolling in the USFHP, enrolling in TPRADFM, or to remaining in TRICARE Standard. ADFMs choosing to enroll in USFHP will be unable to access care through Military Treatment Facilities (MTFs) or the TRICARE system.

6.0 REFERRALS

6.1 Specialty care requires a referral through the contractor. If the ADFM has a PCM, the PCM shall follow the contractor's referral and authorization procedures. In cases where the ADFM is not enrolled to a PCM, the ADFM, or the ADFM's parent or guardian is responsible for directly contacting the contractor to obtain referrals and authorizations if required. The ADFM should obtain a referral request from their primary care provider which the ADFM would forward to the contractor.

6.2 TPRADFM enrollees are required to obtain a referral and use TRICARE network providers for specialty care where available within TRICARE access standards or pay the POS deductible and cost-share unless an appropriate out-of-network referral is obtained as required under TRICARE Prime.

7.0 PROVIDER EDUCATION

Contractors shall familiarize network providers and, when appropriate, other providers with TPRADFM. The contractor shall propose an educational plan to the RD outlining how providers will become familiar with TPRADFM. The contractor shall provide separate and distinct information to PCMs about the requirements and the special procedures for handling care for TPRADFMs (e.g.,

specialty care referral requirements, balance billing limitations, etc.). On an ongoing basis, contractors shall include information on TPRADFM specialty care procedures, benefits, or requirements in routine information and educational programs.

8.0 BENEFICIARY EDUCATION

8.1 The Government will provide all beneficiary educational materials for the TPR program.

8.2 The MCSC shall distribute the supplied educational materials, and is responsible for postage, envelopes, and mailing costs for distributing educational materials. The contractor shall give ADFMs the option of participating in health promotion and wellness programs offered in the MTF and Prime program locations. The contractor shall design and conduct, with RD approval, TPRADFM briefings. The contractor shall include TPRADFM information and updates as part of all TRICARE briefings. Ongoing briefings will be on an "as needed" basis and will be coordinated with the RD.

9.0 MARKETING

Marketing will be a joint effort with the Government providing the materials and the MCSC conducting briefings and distribution. Enrollment in TPRADFM is optional for ADFMs who qualify for the program; therefore, a contractor shall limit marketing activities for TPRADFM enrollees to distributing the materials provided or approved by the Government.

10.0 ENROLLMENT

10.1 When the contractor receives an enrollment application from an ADFM for TPRADFM, the contractor shall ensure the ADSM sponsor is eligible for, and enrolled in the TPR program or a DMIS-ID clinic located in TPR designated zip codes. If an ADFM enrollment application is received and the ADSM sponsor is either not eligible for TPR, or not enrolled in TPR or a TPR DMIS-ID clinic, the application shall be returned to the sender with a notice that the ADFM is not eligible for TPRADFM and the reason(s) why enrollment was denied.

10.2 Enrollment in TPRADFM is optional for ADFMs. However, ADFMs must enroll in TPRADFM to receive the TPRADFM benefit. ADFMs who elect not to enroll in TPRADFM may use the TRICARE Standard benefit, or enroll in TRICARE Prime where available, with access standards waived. TPRADFM beneficiaries who elect not to enroll in TPRADFM, and instead receive benefits under the TRICARE Standard and Extra programs must pay the associated TRICARE Standard and Extra cost-shares and deductibles.

10.3 An enrollment application must be completed and signed by either the ADFM or the ADSM sponsor for each family member enrolling in TPRADFM. The completed and signed application will be submitted to the contractor. The effective date for TPRADFM enrollment is the first day of the following month, if the application is received by the 20th of the month, or the first day of the second month, if the application is received after the 20th of the month.

10.4 The residence address zip code of the TPR eligible or enrolled ADSMs must match with the ADFMs. If the zip codes match, the contractor shall deem the ADFM as eligible for TPRADFM and enroll the ADFM in the program. If the residence address zip codes of the TPR ADSMs and their

ADFMs do not match, the ADFMs shall be advised by letter that they are not eligible for enrollment in TPRADFM but they remain eligible for TRICARE Standard, Extra, or Prime as appropriate.

10.5 When the contractor receives an enrollment application for TPRADFM from a family member of an activated Federalized National Guard/Reserve member ordered to active duty for a period of more than 30 days, the contractor shall ensure the family members are registered as eligible on DEERS.

10.6 The contractor shall match the TPR residence addresses on the application of the activated federalized National Guard/Reservist member and the family members. If the residence addresses match, to include zip code only match, the contractor shall deem the family members as eligible for TPRADFM and enroll the family member in the program.

10.7 If the TPR residence addresses on the application of the activated federalized National Guard/ Reserve member and the family members do not match, the family members shall be advised by letter they are not eligible for enrollment in TPRADFM and they shall remain eligible for TRICARE Standard, Extra, or Prime as appropriate.

10.8 Enrollments or disenrollments will occur upon change of duty location out of the remote area, transfer into a MTF/clinic Prime Service Area (PSA), retirement, or separation from the Service. The ADFM or ADSM is responsible for notifying the contractor when an enrollment transfer is needed. The contractor shall follow enrollment portability and transfer procedures in Chapter 6, Section 2.

10.9 The contractor shall enroll the ADFM in the DEERS Online Enrollment System (DOES) and enter the TPRADFMs enrollment status into DOES. The contractor shall use the DMIS-ID code(s) designated by the RD for that region to enroll ADFMs into TPRADFM (see the TRICARE Systems Manual (TSM)). If the contractor has not established a network of PCMs in a remote area, a TPR designated ADFM will be enrolled without a PCM assigned. A generic PCM code shall be used for TPRADFM enrollees without assigned PCMs. The ADFM without an assigned PCM will be able to use a local TRICARE participating or authorized provider for primary health care services without preauthorization.

10.10 The contractor shall provide TPRADFM enrollment information in the formats indicated in the contract requirements.

11.0 PCM ASSIGNMENT

At the time of enrollment, an ADFM will select (or will be assigned) a PCM within the access standard. The MCSC shall advise the ADFM of the availability of PCMs. If a PCM is not available, the ADFM shall be enrolled to TPRADFM without an identified PCM. An ADFM without an assigned PCM may use any TRICARE-authorized provider for primary care.

12.0 SUPPORT SERVICES

12.1 Inquiries

The contractor shall designate a point of contact for Government (RD, TMA, and Military Service) inquiries related to TPRADFM. The contractor may establish a dedicated unit for

responding to inquiries about TPRADFM, or may augment existing TPR service units already serving the ADSMs enrolled in TPR. The correspondence requirements and standards in Chapter 1, Section 3, apply to TPRADFM written inquiries.

12.2 Toll-Free Telephone Service

The contractor shall provide toll-free telephone access for TPRADFM beneficiary inquiries.

13.0 CLAIMS PROCESSING

The regional contractor where the TPRADFM is enrolled shall process all claims for that enrollee, including overseas claims for traveling enrollees. POS claims processing provisions do apply. The contractor shall provide TPRADFM claims information in the format for the Monthly Workload Reports and the Monthly Cycle Time Aging reports.

14.0 CLAIM REIMBURSEMENT

14.1 The payment provisions applicable under TPR for ADSM which allow for additional payment in excess of otherwise allowable amounts to providers who are not TRICARE-authorized or certified do not apply to TPRADFM. Such payments shall not be made unless such payments are otherwise allowed under the payment provisions for unauthorized providers contained in the TPM.

14.2 For network providers, the contractor shall pay TPRADFM claims at the negotiated rate. For participating providers the contractor shall pay up to the CHAMPUS Maximum Allowable Charge (CMAC), or billed charges, whichever is less. Contractors shall follow the requirements in Chapter 8, Section 5 and the TRICARE Reimbursement Manual (TRM), Chapter 5, Section 1, for claims for TPRADFM enrollees receiving care from non-participating providers.

14.3 If a non-participating provider requires a TPRADFM enrollee to make an "up front" payment for health care services, in order for the enrollee to be reimbursed, the enrollee must submit a claim to the contractor with proof of payment and an explanation of the circumstances.

14.4 If the contractor becomes aware that a civilian provider is "balance billing" a TPRADFM enrollee or has initiated collection action for emergency or authorized care, the contractor shall notify the provider that balance billing is prohibited.

14.5 If CMAC rates have been waived for TPR ADSM enrollees under Section 4, paragraph 3.5, the TPRADFM enrollee shall not be extended the same waived CMAC rates. If required services are not available from a network or participating provider within the medically appropriate time frame, the contractor shall arrange for care with a non-participating provider subject to the normal reimbursement rules. The contractor shall make every effort to obtain the provider's agreement to accept, as payment in full, a rate within 100% of the CMAC limitation. If this is not feasible, the contractor shall make every effort to obtain the provider's agreement to accept, as payment in full, a rate between 100% and 115% of CMAC. By law the contractor shall not negotiate a rate higher than 115% of CMAC for TPRADFM care rendered by a non-participating provider. The contractor shall ensure that the approved payment is annotated in the authorization/claims processing system.

15.0 APPEALS PROCESS

TPRADFM enrollees may appeal denials of authorization or reimbursement through the contractor in accordance with Chapter 12. If the contractor denies authorization or reimbursement for a TPRADFM enrollee's health care services, the contractor shall, on the Explanation of Benefits (EOB) or other appropriate document, furnish the enrollee with clear guidance for requesting a reconsideration from, or filing an appeal with, the contractor.

16.0 TRICARE ENCOUNTER DATA SUBMITTAL

The contractor shall report TPRADFM claims under the financially underwritten provisions of the MCS contract.

- END -