

Beneficiary And Provider Services (BPS)

1.0 GENERAL

1.1 All TRICARE requirements regarding Beneficiary and Provider Services (BPS) shall apply to the TRICARE Overseas Program (TOP) unless specifically waived or superseded by the provisions of this section or the TRICARE contract for health care support services outside the 50 United States and the District of Columbia (hereinafter referred to as the "TOP contract"). See [Chapter 11](#) for additional instructions. For purposes of TOP implementation, all references to TRICARE Prime in this chapter shall apply to TOP Prime, all references to TRICARE Standard shall apply to TOP Standard, all references to TRICARE Regional Directors (RDs) shall apply to TRICARE Area Offices (TAOs), and all references to Managed Care Support Contractors (MCSCs) shall apply to the TOP contractor.

1.2 Per Department of Defense Instruction (DoDI 6010.21 ("TRICARE Marketing Policy") dated December 18, 2001, TRICARE marketing materials developed by contractors must be coordinated with appropriate RD and approved by TRICARE Management Activity (TMA). For the TOP contract, this coordination includes the TAO Directors. Coordination of local administrative changes is at the local discretion of Military Treatment Facilities (MTFs).

2.0 TRICARE SERVICE CENTERS (TSCs)

The provisions of [Chapter 11, Section 3](#) are applicable to the TOP, except that TOP TRICARE Service Centers (TSCs) are jointly staffed by MTF personnel and TOP contractor personnel.

3.0 HEALTH CARE FINDER SERVICES

3.1 TOP Health Care Finder (HCF) functions are performed by TOP contractor personnel located in the TRICARE Service Centers (TSCs) or in contractor-operated call center(s). The contractor shall offer call center operations to support HCF services via toll-free lines 24 hours per day, seven days per week, 365 days per year.

Note: The contractor must also offer claims assistance via toll-free lines seven days per week, 365 days per year, between the hours of 2:00 AM and 7:00 PM Central Standard Time (CST). These service hours for claims assistance apply even if claims assistance is provided via the contractor's call center(s).

3.1.1 HCFs (including MTF/contractor personnel and call centers) are responsible for facilitating access to host nation provider care (including, but not limited to primary care, specialty care, mental health care, ancillary services, Durable Medical Equipment (DME), and pharmacy services), and for authorizing certain health care services. Additionally, HCFs shall inform beneficiaries of access mechanisms, referral procedures, and rules regarding use of host nation TOP network/non-network providers. They shall also improve patient continuity of care by establishing mechanisms to facilitate necessary consultations, follow-up appointments and the sharing of

medical records. TOP HCFs will serve all Military Health System (MHS) beneficiaries in the region, regardless of their enrollment status. This includes dual-eligible beneficiaries and beneficiaries residing or enrolled in the 50 United States and the District of Columbia who may require assistance when accessing care in an overseas location.

3.1.2 For MTF enrollees, the specialty care referral process includes a covered benefit review; entering appropriate authorizations into the contractor's system; locating a qualified network or non-network host nation provider to provide the care on a cashless, claimless basis; providing the beneficiary with a written care authorization and the host nation provider's information; and assisting the beneficiary with establishing an appointment with the host nation provider (upon beneficiary request). The contractor shall also provide information to MTF personnel regarding the status of specialty care referrals and shall work cooperatively with the MTF to assist in obtaining consult results from host nation providers; however, the contractor is not responsible for tracking receipt of consult results.

3.1.3 For TOP Prime Remote enrollees, the specialty care referral process includes a medical necessity review; a covered benefit review; entering appropriate authorizations into the contractor's system; locating a qualified network or non-network host nation provider to provide the care on a cashless, claimless basis; providing the beneficiary with a written care authorization and the host nation provider's information; and assisting the beneficiary with establishing an appointment with the host nation provider (upon beneficiary request). This process is also applicable to Active Duty Service Members (ADSMs) who are on Temporary Additional Duty/Temporary Duty (TAD/TDY), in an authorized leave status, or deployed/deployed on liberty in a remote overseas location, and to TRICARE Prime/TRICARE Prime Remote (TPR) enrollees who require urgent specialty care while traveling outside the 50 United States and the District of Columbia.

3.1.4 Beneficiaries enrolled to the US Family Health Plan (USFHP) and the Continued Health Care Benefit Program (CHCBP) must follow the requirements of those programs when obtaining overseas care.

3.2 The TOP HCF is responsible for the following functions:

3.2.1 Referral Assistance for TOP Beneficiaries

The TOP contractor (working in concert with the MTF Commander) is required to ensure optimal use of MTFs and to foster coordination of all care delivered in the civilian sector and care referred to and from the MTF. The TOP HCF is the primary mechanism for achieving these objectives. The referral services of the TOP HCF are primarily to ensure access to care for enrolled beneficiaries, but the TOP HCF is also available to assist non-enrollees in finding network/non-network host nation providers. For TOP Prime/TOP Prime Remote enrollees, the referral is generally initiated by the beneficiary's Primary Care Manager (PCM). The PCM or beneficiary contacts the TOP HCF for assistance in locating an appropriate host nation provider and to obtain authorization for the care (see [Sections 17](#) and [18](#) for additional information on HCF referral assistance).

3.2.2 Referral Assistance for Beneficiaries Enrolled or Residing in the 50 United States and the District of Columbia

The TOP contractor shall provide referral assistance for TRICARE Prime/TPR enrollees who

require urgent or emergent health care while traveling outside the 50 United States and the District of Columbia. These referrals will generally be initiated by the beneficiary, a host nation provider, or an overseas MTF provider. Emergency care never requires preauthorization; however, ADFMs enrolled to TRICARE Prime/TPR may receive emergency health care services in locations outside the 50 United States and the District of Columbia (to include emergency medical evacuation per Section 7) on a cashless, claimless basis if the care is coordinated in advance with the TOP contractor. The TOP contractor shall implement guarantee of payment or other business processes to ensure that ADFMs enrolled to TRICARE Prime/TPR may receive emergency medical services on a cashless, claimless basis upon beneficiary request.

3.2.3 Authorizations

The TOP HCF will authorize care for TPR enrollees; for ADSMs who are on TAD/TDY, in an authorized leave status, or deployed, deployed on liberty in a remote overseas location, and for TRICARE Prime/TPR enrollees who require urgent or emergent health care while traveling outside the 50 United States and the District of Columbia. The contractor shall also ensure that MTF-issued authorizations are entered into all applicable contractor systems. Non-emergent specialty health care received from a host nation provider must be authorized if benefits are to be paid as TOP Prime/TPR.

3.2.4 Care subject to a PCM referral/authorization/Non-Availability Statement (NAS) may receive a clinical review and authorization by the HCF or other designee. An NAS is needed for non-emergency inpatient mental health care when the beneficiary resides within an overseas MTF enrollment area (defined as a 40-mile radius or a one hour drive time from the MTF).

3.2.5 If an ADFM TOP Prime/TOP Prime Remote enrollee receives care that was not authorized, the care may be covered under the TOP Point of Service (POS) option, with POS deductibles and cost-shares. POS provisions also apply to TRICARE Prime/TPR enrollees who receive non-emergency care outside the 50 United States and the District of Columbia without obtaining prior authorization from the TOP contractor. The care must also be otherwise coverable under TRICARE or the claim shall be denied.

3.2.6 ADSM care that was not referred and authorized may be denied unless it is retroactively authorized by the appropriate service or TAO personnel. POS does not apply to ADSMs.

4.0 CUSTOMER SERVICE RESPONSIBILITIES

TOP customer support shall be provided to TOP RD and TAO staffs, TOP host nation providers, TOP beneficiaries, designated Point of Contacts (POCs), TOP MTF staffs including Health Benefit Advisors (HBAs)/Beneficiary Counseling and Assistance Coordinators (BCACs)/Debt Collection Assistance Officers (DCAOs), stateside TRICARE Regional Offices, stateside MCSCs, stateside TRICARE beneficiaries traveling overseas, claims processing contractors, and TMA. TOP contractor customer support service shall include the following:

4.1 The TOP contractor shall secure at a minimum one dedicated post office box for the receipt of all claims and correspondence from foreign locations per overseas region.

4.2 The TOP contractor shall identify a specific individual and an alternate to assist the TOP RD, TAO Directors, TMA, BCACs and stateside claims processing contractors with the resolution of TOP

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issues. Issues which cannot be successfully resolved shall be referred to the TOP Contracting Officer's Representative (COR).

4.3 The TOP contractor shall identify a specific individual and an alternate to assist DCAOs with the resolution of TOP beneficiary debt collection issues.

4.4 The TOP contractor shall be responsible for establishing and operating a dedicated TRICARE overseas claims/correspondence processing department with a dedicated staff. This department and staff shall be under the direction of a supervisor, who shall function as the contractor's POC for TRICARE overseas claims and related operational and support services. The contractor's department for TRICARE overseas claims shall include at a minimum the following functions/requirements:

4.4.1 The TOP contractor shall provide toll-free telephone service for claims assistance to TOP beneficiaries and providers seven days a week, 365 days a year, between the hours of 2:00 AM and 7:00 PM CST. Toll-free services must be available from any stateside or overseas location.

4.4.2 The TOP contractor shall have the ability to translate claims submitted in a foreign language and write in German, Italian, Japanese, Korean, Tagalog (Filipino) and Spanish, or shall have the ability to obtain such translation or writing.

4.4.3 The TOP contractor shall provide on-line read only access to their claims processing system to the TOP RD, each TOP TAO Director, and the TMA technical representative for TOP claims.

4.4.4 The TOP contractor shall provide a secure, user-friendly internet portal for receipt of customer claims status inquiries and access to claims status information (to include the ability to view and print Explanation of Benefits (EOBs)).

4.4.5 The TOP contractor is required to provide, upon TMA or TAO Director request, documentation of claims for auditing purposes.

4.5 The TOP contractor is required to assist traveling TOP beneficiaries to ensure beneficiary access/receipt of urgent or emergent care in the 50 United States and the District of Columbia. The contractor shall also assist beneficiaries residing or enrolled in the United States or the District of Columbia who require urgent or emergent care while traveling overseas. ADFMs who are enrolled to TRICARE Prime or TPR may receive emergency medical services in locations outside the 50 United States and the District of Columbia (to include emergency medical evacuation) on a cashless, claimless basis if the care is coordinated in advance with the TOP contractor.

4.6 The contractor shall refer beneficiary, provider, HBAs, and congressional inquiries not related to claims status to TMA Chief, Beneficiary and Provider Services Office.

5.0 BENEFICIARY SERVICES

5.1 The TOP contractor shall achieve the highest level of beneficiary satisfaction possible in the overseas environment. This shall be accomplished by developing qualified host nation provider networks (complemented by non-network host nation providers as necessary), ensuring timely access to host nation care, providing TOP information/education/training to beneficiaries and host nation providers, and processing claims in a timely, accurate manner.

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5.2 In addition to the beneficiary education requirements outlined in [Chapter 11, Sections 1 and 2](#), the TOP contractor may be required to conduct beneficiary education/enrollment activities for arriving/deploying units in accordance with the enrollment protocols established in the Memorandum of Understanding (MOU) between the TOP contractor and the MTFs.

5.3 In addition to the requirements outlined in [Chapter 11, Section 2](#), all beneficiary satisfaction activities (including beneficiary surveys conducted in accordance with [Chapter 11, Section 2](#)) shall be coordinated with the three TAOs to achieve a coordinated, uniform approach to Department of Defense (DoD) customer services overseas.

5.4 The TOP contractor shall maintain up-to-date lists of host nation network providers, and shall make this information available at all TOP TSCs and via web-based access. Web-based network provider listings shall include information regarding authorization requirements that are applicable to TOP enrollees.

5.5 The TOP contractor's beneficiary education plan shall address their process for educating TOP beneficiaries regarding care received in the 50 United States and the District of Columbia. At a minimum, this process shall include information regarding referrals/authorizations while stateside, TOP POS policy, and the recommended process for accessing care while stateside. TOP beneficiaries traveling stateside shall be encouraged to utilize MTF care whenever possible. If MTF care is not available, beneficiaries should be encouraged to seek care from a network provider before obtaining care from a non-network provider.

6.0 PROVIDER SERVICES

6.1 The TOP contractor shall ensure that all host nation network providers and their support staff have sufficient understanding of the applicable TRICARE program requirements, policies, and procedures to allow them to carry out the requirements of this contract in an efficient and effective manner that promotes beneficiary satisfaction.

6.2 The TOP contractor shall have the responsibility for developing and delivering TRICARE Program information to host nation providers. The contractor shall determine the requirements for printed products and will develop and deliver these products after obtaining approval from the government. The information in these products will generally be determined by the contractor based on their understanding of the needs of their network providers; however, the government may mandate the inclusion of certain topics or information.

6.3 Provider education materials shall include information regarding claims processing procedures, claims submission deadlines, and normal claims processing time lines.

6.4 The government shall ensure provider satisfaction with contractor-provided information by conducting random satisfaction surveys of select network providers.

7.0 GRIEVANCES AND GRIEVANCE PROCESSING

The TOP contractor shall process all grievances related to contractor personnel or contractor actions. The contractor shall also process all grievances related to network or non-network host nation providers or institutions, with a copy provided to the TMA COR and the appropriate TAO.

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