



DEFENSE
HEALTH AGENCY

HPOB

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**CHANGE 163
6010.56-M
JANUARY 8, 2016**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE OPERATIONS MANUAL (TOM), FEBRUARY 2008**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: GRANDFATHERED PRIME SERVICE AREA (PSA)

CONREQ: 17657

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change adds requirements for outgoing contractors to provide data not available in Defense Enrollment Eligibility Reporting System (DEERS) to incoming contractors regarding grandfathered PSA enrollees.

EFFECTIVE DATE: February 8, 2016.

IMPLEMENTATION DATE: February 8, 2016.

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**ATTACHMENT(S): 3 PAGES
DISTRIBUTION: 6010.56-M**

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

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CHAPTER 1

Section 7, pages 13 and 14

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incoming and the outgoing contractors to preclude requiring a provider or beneficiary to duplicate the paperwork and other effort related to establishing prior authorizations. The outgoing contractor may issue prior authorizations as late as midnight on the day prior to the end of its health care delivery for inpatient stays that will continue as transitional cases. The two contractors shall interface on the clinical issues of a case where both contractors will, or can reasonably expect to have periods of liability for the same EOC.

3.4.3.5 The outgoing contractor shall maintain toll-free lines and web-based customer service capabilities, accessible to the public during the first 90 calendar days of dual operations in order to properly respond to inquiries related to claims processed for services incurred during the period of their respective liability. Beneficiary inquiry lines will continue to be staffed as defined in the contract. In general, the outgoing contractor shall maintain adequate toll-free line coverage to ensure that the blockage rate does not exceed the blockage rate on the contractor's most critical private or other government business access line.

3.5 Phase-Out of Enrollment Activities

3.5.1 Prior to the start of health care delivery under the successor contract, for all enrollment renewals or payments in which the new enrollment period or period covered by the premium payment will begin under the new contract, the outgoing contractor shall amend renewal notices and billing statements (or include a stuffer/insert) to advise the enrollee to direct any enrollment-related correspondence and enrollment fee payments to the successor contractor.

3.5.2 Prior to the start of health care delivery under the successor contract, the Government will provide the outgoing contractor with the software for the DOES version to be used during transition. The software version should be loaded and used for the phase-out of enrollment activities.

3.5.3 NLT the date specified at the Transition Specifications Meeting, the outgoing contractor shall provide to the incoming contractor, the additional enrollment information required for those Active Duty Family Members (ADFM)s enrolled in TRICARE Prime who reside outside of a PSA who were granted grandfathered status and maintain their eligibility for TRICARE Prime. The additional enrollment information shall include, but is not limited to, the original address of the beneficiary when they were initially grandfathered.

3.5.4 NLT the date specified at the Transitional Specifications Meeting, the outgoing South Region contractor shall provide to the incoming East Region contractor, all billing and enrollment information required to administer the Continued Health Care Benefit Program (CHCBP) for its enrollees.

3.5.5 Enrollment Actions During 45 Day Transition Period

3.5.5.1 For new enrollments in the region with an effective date prior to the start of health care delivery (e.g., AD enrollment, mid-month enrollment; and transfer-in), the outgoing contractor must effect an enrollment action with an end date of the current contract period (i.e., one day prior to the start of health care delivery under the incoming contract). Any enrollment fees due for an effective date that is prior to the start of health care delivery will be retained by the outgoing contractor. Once the enrollment is effected, the outgoing contractor will notify the incoming contractor of the new enrollment.

3.5.5.2 When a current enrollment in the region requires deletion with an effective date prior to the start of health care delivery (e.g., transfers out; disenrollments for failure to pay fees; cancellations, etc.), the outgoing contractor must request the incoming contractor to cancel the future enrollment segment that was included on the Gold File. Once notified by the incoming contractor that the segment has been cancelled, the outgoing contractor completes the appropriate disenrollment action.

3.5.5.3 For all other enrollment actions with an effective date prior to start of health care delivery (e.g., PCM changes; DMIS-ID changes; and enrollment begin date changes), the outgoing contractor must request the incoming contractor cancel the future enrollment segment. Once notified that the cancellation has been completed, the outgoing contractor will make the necessary change. Upon completion of the change, the outgoing contractor must notify the incoming contractor so that the future enrollment segment can be restored.

3.5.5.4 The outgoing contractor should complete all pending enrollment actions prior to the DEERS freeze to transition enrollment. Any enrollment action not completed by the outgoing contractor prior to the freeze (and after the Gold File is created) will have to be accomplished following the above procedures.

3.5.5.5 Once health care delivery begins, all enrollment actions will be accomplished by the incoming contractor. If the outgoing contractor requires a retroactive change, they must submit their request to the incoming contractor who will perform the change and notify the outgoing contractor when it is complete.

3.5.6 Any enrollment-related correspondence and/or enrollment fee payments subsequently received by the outgoing contractor shall be forwarded to the incoming contractor within three working days of receipt.

3.5.7 The outgoing contractor shall terminate marketing and enrollment activity 40 calendar days prior to the start of the incoming contractor's health care delivery. Any enrollment requests or applications received after the 40th calendar day shall be transferred to the incoming contractor by overnight delivery at the outgoing contractor's expense.

3.5.8 Throughout the transition period, the outgoing and incoming contractors shall coordinate enrollment files no less than weekly to ensure that new enrollments and enrollment renewals are accurately and timely reflected in the incoming contractor's enrollment files and in DEERS.

3.6 Cost Accounting

If the outgoing contractor succeeds itself, costs related to each contract shall be kept separate for purposes of contract accountability, according to the above guidelines.

3.7 Records Disposition

The outgoing contractor shall comply with the provisions of [Chapter 2](#), in final disposition of all files and documentation. The contractor shall include a records disposition plan as part of the phase-out plan submitted to DHA at the Transition Specifications Meeting.

3.8 Provide Information

The contractor shall, upon receipt of a written request from DHA, provide to potential offerors such items and data as required by DHA. This shall include non-proprietary information, such as record formats and specifications, field descriptions and data elements, claims and correspondence volumes, etc.

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