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TRICARE
MANAGEMENT ACTIVITY

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CHANGE 26
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**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
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TRICARE OPERATIONS MANUAL (TOM), FEBRUARY 2008**

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

CHANGE TITLE: TELEMENTAL HEALTH/TELEMEDICINE UPDATE - MAY 2010

CONREQ: 15053

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): See page 3.

EFFECTIVE DATE: July 1, 2010.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Feb 2008 TPM, Change No. 39.


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Director, Operations Division

ATTACHMENT(S): 2 PAGES
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CHAPTER 5

Section 1, pages 1 and 2

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SUMMARY OF CHANGES

CHAPTER 5

Section 1. Clarifies establishment of originating sites.

Network Development

The contractor shall provide a plan for establishing a provider network throughout the region to support TRICARE Prime and TRICARE Extra and to complement Military Treatment Facility (MTF) capabilities. The network shall meet the standards in [paragraph 2.0](#).

1.0 GEOGRAPHIC AVAILABILITY

1.1 The contractor shall establish and maintain provider networks, supporting TRICARE Prime and TRICARE Extra, in all Prime Service Areas (PSAs), throughout all health care delivery periods of the contract. (See [Chapter 16](#) for TRICARE Prime Remote (TPR) network requirements.) In each area where TRICARE Prime is offered (TRICARE PSA), the contractor shall permit enrollment by beneficiaries under the terms and conditions of [Chapters 6](#) and [11](#). The contractor shall enroll beneficiaries only to MTF Primary Care Managers (PCMs) or to PCMs in the PSA network.

1.1.1 The contractor shall ensure the network has the capability and capacity to permit each beneficiary enrolled in Prime to a civilian PCM prior to the start of option period one and residing outside of PSAs under this contract to enroll to a PSA PCM, provided the beneficiary resides less than 100 miles from an available network PCM in the PSA and waives both primary and specialty care travel time standards. Beneficiaries enrolled in Prime to a civilian PCM prior to the beginning of option period one who reside outside of PSAs under this contract and are 100 miles or more from an available PCM in the PSA network, shall not be permitted to continue their enrollment.

1.1.2 The contractor will not be required to establish a network with the capability and capacity to grant new enrollments to beneficiaries who reside outside a PSA. The contractor shall grant a request for a new enrollment to the network from a beneficiary residing outside a PSA provided there is sufficient unused network capability and capacity to accommodate the enrollment, the PSA network PCM to be assigned is located less than 100 miles from the beneficiary's residence, and the beneficiary waives both primary and specialty care travel time standards.

1.2 Areas Where Establishment Of TRICARE Prime And TRICARE Extra Is Required

The contractor shall make TRICARE Prime and TRICARE Extra available in all PSAs. PSAs are the entire area of all the zip codes lying within or intersected by the 40-mile radius around enrolling MTFs and Base Realignment and Closure (BRAC) sites. The contract contains a list of mandatory PSA sites.

1.3 Areas Where Establishment Of An Originating Site For Telemental Health (TMH) Is Required

To the greatest extent practical, the contractor shall establish one civilian originating site within 40 miles of each MTF (defined by Section J of each Managed Care Support (MCS) contract),

and one civilian originating site more than 40 miles from an MTF (defined by Section J of each MCS contract) with a high concentration of TPR and/or TRICARE Reserve Select (TRS) for each region.

2.0 NETWORK REQUIREMENTS AND STANDARDS

The contractor shall establish, in consonance with the RDs, provider networks through contractual arrangements. Network requirements and standards are listed below.

2.1 RDs And MTF Interface In Provider Network Development

Prior to the contractor finalizing the civilian network, MTF Commanders and the RDs shall be given an opportunity to provide input into the development of the network in their PSAs and the BRAC sites. The contractor shall meet with the RD and all MTF Commanders within 30 calendar days of the award to obtain their network size and specialty makeup input. The contractor shall follow the MTF Commander's directions regarding the priorities for the assignment of enrollees to PCMs.

2.2 Standards For Network Providers

Network and access to care standards are in [32 CFR 199.17](#). Each PSA established is considered to be a separate service area to which the standards apply. The contractor shall develop and implement a system for continuously monitoring and evaluating network adequacy.

2.3 Participation On Claims

All network provider contracts shall require the provider to participate on all claims and submit claims on behalf of all Military Health System (MHS) and Medicare beneficiaries.

2.4 Balance Billing

2.4.1 Providers in the contractor's network may only bill MHS beneficiaries for applicable deductibles, copayments, and/or cost-sharing amounts; they may not bill for charges which exceed contractually allowed payment rates. Network providers may only bill MTFs/Managed Care Support Contractors (MCSCs) for services provided to Active Duty Service Members (ADSMs) at the contractually agreed amount, or less, and may not bill for charges which exceed the contractually agreed allowed payment amount. The contractor shall include this provision in provider contracts and shall provide the RDs and each MTF Commander with a list of all network providers.

2.4.2 Network providers shall never bill an MHS eligible beneficiary for more than the contractually agreed amount for TRICARE Prime enrollees with civilian network PCMs. The contractor shall ensure that the amount charged MHS beneficiaries without civilian network PCMs is the same as the amount charged TRICARE Prime enrollees with civilian network PCMs. If the contractor is using different reimbursement mechanisms, the contractually agreed amount shall be equal to or less than the CHAMPUS allowable amount minus the discount the contractor proposed receiving as a result of the approved, alternative reimbursement method agreed to with the provider.