



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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TRICARE
MANAGEMENT ACTIVITY

OD

CHANGE 42
6010.56-M
MARCH 24, 2011

**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: REMOVE REFERENCES TO "TASK ORDER" RELATIVE TO CLINICAL
SUPPORT AGREEMENTS (CSAs)

CONREQ: 15202

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): The purpose of this change is to revise the TOM to remove the
reference to "task order" relative to the CSAs to comply with the Federal Acquisition
Regulation (FAR) as it applies to the contract types.

EFFECTIVE AND IMPLEMENTATION DATE: Upon direction of the Contracting Officer.


Reta M. Michak
Director, Operations Division

ATTACHMENT(S): 6 PAGES
DISTRIBUTION: 6010.56-M

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

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REMOVE PAGE(S)

APPENDIX B

pages 11, 12, 37, 38, 49, and 50

INSERT PAGE(S)

pages 11, 12, 37, 38, 49, and 50

Claims Cycle Time

That period of time, recorded in calendar days, from the receipt of a claim into the possession/ custody of the contractor to the completion of all processing steps (See "Processed to Completion (or Final Disposition)" in this Appendix, and TSM, [Chapter 2, Section 2.4](#), "Date TED Record Processed to Completion").

Claims Payment Data

The record of information contained on or derived from the processing of a claim or encounter.

Clinical Support Agreement (CSA)

An agreement, **executed by a contract action under a Managed Care Support (MCS) contract, that is/was undertaken at the behest of an MTF Commander and which requires a contractor** to provide needed clinical personnel at an MTF.

Code Set (HIPAA/Privacy Definition)

Any set of codes used to encode data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes. A code set includes the codes and descriptors of the codes.

Code Set Maintaining Organization (HIPAA/Privacy Definition)

An organization that creates and maintains the code sets adopted by the Secretary (HHS) for use in the transactions for which standards are adopted.

Combined Daily Charge (HIPAA/Privacy Definition)

A billing procedure by an inpatient facility that uses an inclusive flat rate covering all professional and ancillary charges without any itemization.

Concurrent Review/Continued Stay Review

Evaluation of a patient's continued need for treatment and the appropriateness of current and proposed treatment, as well as the setting in which the treatment is being rendered or proposed. Concurrent review applies to all levels of care (including outpatient care).

Confidentiality Requirements

The procedures and controls that assure the confidentiality of medical information in compliance with the Freedom of Information Act, the Comprehensive Alcohol Abuse and Alcoholism Prevention and Rehabilitation Act, and the Privacy Act.

Conflict Of Interest

Includes any situation where an active duty member (including a reserve member while on active duty) or civilian employee of the United States Government, through an official federal position, has the apparent or actual opportunity to exert, directly or indirectly, any influence on the referral of MHS beneficiaries to himself or herself or others with some potential for personal gain or appearance of impropriety. Individuals under contract to a Uniformed Service may be involved in a conflict of interest situation through the contract position.

Consulting Physician Or Dentist

A physician or dentist, other than the attending physician, who performs a consultation.

Continued Health Care Benefit Program (CHCBP)

The CHCBP provides temporary continued health care benefits for certain former beneficiaries of the Military Health System (MHS). Coverage under the CHCBP is purchased on a premium basis.

Continuum of Care

All patient care services provided from "pre-conception to grave" across all types of settings. Requires integrating processes to maintain ongoing communication and documentation flow between the DC system and network.

Contract Performance Evaluation (CPE)

The review by TMA, of a contractor's level of compliance with the terms and conditions of the contract. Usually, an operational audit performed by TMA staff focuses on timeliness, accuracy, and responsiveness of the contractor in performing all aspects of the work required by the contract.

Contract Physician

A physician who has made contractual arrangements with a contractor to provide care or services to TRICARE beneficiaries. A contract physician is a network provider who participates on all TRICARE claims.

Contracting Officer's Representative (COR)

A government representative, appointed in writing by the contracting officer, who represents the contracting officer in technical matters.

Contractor

An organization with which TMA has entered into a contract for delivery of and/or processing of payment for health care services, performance of related support activities such as pharmacy services, quality monitoring or customer service.

Organized Health Care Arrangement (HIPAA/Privacy Definition)

1. A clinically integrated care setting in which individuals typically receive health care from more than one health care provider;
2. An organized system of health care in which more than one covered entity participates, and in which the participating covered entities hold themselves out to the public as participating in a joint arrangement and participate in joint activities such as utilization review, quality assessment and improvement activities, or payment activities.
3. A group health plan and a health insurance issuer or HMO with respect to such group health plan, but only with respect to PHI created or received by such health insurance issuer or HMO that relates to individuals who are or who have been participants or beneficiaries in such group health plan;
4. A group health plan and one or more other group health plans each of which are maintained by the same plan sponsor; or
5. The group health plans described in paragraph 4 of this definition and health insurance issuers or HMOs with respect to such group health plans, but only with respect to PHI created or received by such health insurance issuers or HMOs that relates to individuals who are or have been participants or beneficiaries in any of such group health plans.

For full details refer to the DoD Health Information Privacy Regulation.

Other Health Insurance (OHI)

Primary health insurance coverage other than TRICARE (does not include supplemental insurance plans).

Other Special Institutional Providers

Certain special institutional providers, either inpatient or outpatient, other than those specifically defined, that provide courses of treatment prescribed by a doctor of medicine or osteopathy; when the patient is under the supervision of a doctor of medicine or osteopathy during the entire course of the inpatient admission or the outpatient treatment; when the type and level of care and services rendered by the institution are otherwise authorized in 32 CFR 199; when the facility meets all licensing or other certification requirements that are extant in the jurisdiction in which the facility is located geographically; which is accredited by the Joint Commission on Accreditation if an appropriate accreditation program for the given type of facility is available; and which is not a nursing home, intermediate facility, halfway house, home for the aged, or other institution of similar purpose.

Out-Of-Area Care

Urgent care received by Prime enrollees traveling outside the drive time access standard. These enrollees are not required to return to their PCM for urgent care.

Out-Of-Region Beneficiaries

TRICARE-eligible beneficiaries who reside outside of the region for which the contractor has responsibility, but who receive care within the region.

Over-the-Counter (OTC) Medications

Medications that by law do not require a prescription. OTC items covered by the TRICARE Pharmacy (TPharm) benefit (see www.tricare.osd.mil/pharmacy for covered items) will be reimbursed by the TPharm contractor when purchased with or without a prescription, as long as the purchase was from a retail pharmacy. Covered OTC's purchased without a prescription from a medical supply house or venue other than a retail pharmacy are under the jurisdiction of the MCSC.

Participating Provider

A hospital or other authorized institutional provider, a physician or other authorized individual professional provider, or other authorized provider who furnishes services or supplies to a TRICARE beneficiary and has agreed, by act of signing and submitting a TRICARE claim form and indicating participation in the appropriate space on the claim form, to accept the TRICARE-determined allowable cost or charge as the total charge (even though less than the actual billed amount), whether paid for fully by the TRICARE allowance or requiring cost-sharing by the beneficiary or sponsor. All network providers MUST be participating providers.

Patient Profile, Pharmacy

A complete record for each beneficiary receiving prescriptions under the TRICARE program including: name, address, telephone number, date of birth, gender, patient identification number (sponsor's SSN and DEERS dependent suffix), DEERS ID, service sponsorship, status category, chronic medical conditions (diagnosis code), allergies and adverse drug experiences, past medication history, prescriptions dispensed, non receipt of prescriptions, status on interventions and prescription problems resolved, Prior Authorizations approved or denied, and any other information supplied by the beneficiary in the patient data form or updates.

Pending Claim, Correspondence, Or Appeal

The claim/correspondence/appeal case has been received but has not been processed to final disposition.

Performance Standard

Standards against which performance shall be measured for specific aspects of a TRICARE contract.

Pharmaco-economic Center (PEC)

The DoD PEC's mission is to improve the clinical, economic, and humanistic outcomes of drug therapy in support of the readiness and managed care missions of the MHS. The PEC is comprised of pharmacists, physicians, and pharmacy technicians from each of the three services, as well as civilian pharmacists and support personnel.

Service Point Of Contact (SPOC)

The Uniformed Services office or individual responsible for coordinating civilian health care for ADSMs who receive care under the Supplemental Health Care Program and the TRICARE Prime Remote Program. The SPOC reviews requests for specialty and inpatient care to determine impact on the ADSM's fitness for duty; determines whether the ADSM shall receive care related to fitness for duty at a medical MTF or with a civilian provider; initiates/coordinates medical evaluation boards; arranges transportation for hospitalized service members when necessary; and provides overall health care management for the ADSMs. The SPOC is also responsible for approving certain medical services not covered under TRICARE that are necessary to maintain fitness-for duty and/or retention on active duty. SPOCs for the Army, Navy/Marines, and Air Force are assigned to the Military Medical Support Office (MMSO). [See "Military Medical Support Office (MMSO)."] See [Chapter 16, Addendum A](#), for information on contacting the SPOCs for all services.

Seventy-Two Hour Referral

A referral that must be processed, appointed, and patient seen within 72 hours as medically indicated.

Skilled Nursing Facility (SNF)

An institution (or a distinct part of an institution) that meets the criteria as set forth in [32 CFR 199.6](#).

Skilled Nursing Service

A service that can only be furnished by an R.N., or L.P.N. or L.V.N., and is required to be performed under the supervision of a physician to ensure the safety of the patient and achieve the medically desired result. Examples of skilled nursing services are intravenous or intramuscular injections, levin tube or gastrostomy feedings, or tracheotomy aspiration and insertion. Skilled nursing services are other than those services that provide primarily support for the essentials of daily living or that could be performed by an untrained adult with minimum instruction or supervision.

Special Checks

Checks issued outside the normal processing workflow for the purpose of expediting payment of a claim for benefits.

Special Inquiries

Freedom of Information Act requests; Privacy Act requests; information requests by the news media; surveys, audits, and requests by Government agencies (including DoD agencies and entities other than TMA) and Congressional Committees.

Specialty Care

Specialized medical services provided by a physician specialist.

Split-Billing

The process by which claims for beneficiaries who have more than one insurer can have their claims processed for payment with the submission of only one electronic claim (also referred to as coordination of benefits).

Split Enrollment

Refers to multiple family members enrolled in TRICARE Prime under different RDs/contractors, including MCSCs and Uniformed Services Family Health Plan (USFHP) designated providers.

Sponsor

An active duty member, retiree, or deceased active duty member or retiree, of a Uniformed Service upon whose status his or her family members' eligibility for TRICARE is based.

Spouse

A lawful wife or husband regardless of whether or not dependent upon the active duty member or retiree.

Stakeholders

Any party who has an interest in the success of the contract. Stakeholders include the DoD, the RDs, MTF Commanders, TMA, the MHS, and all employees thereof, contractors, elected officials, and MHS beneficiaries.

Standard Transaction (HIPAA/Privacy Definition)

A transaction that complies with the applicable standard adopted under this part.

Start Of Service

The date the incoming contractor officially begins delivery of health care services, processing claims, and/or delivery of other services in a production environment, as specified in the contract.

State (HIPAA/Privacy Definition)

1. For a health plan established or regulated by Federal law, State has the meaning set forth in the applicable section of the USC for such health plan.
2. For all other purposes, State means any of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, and Guam.

Student Status

A dependent of a member or former member of a Uniformed Service who has not passed his or her 23rd birthday, and is enrolled in a full-time course of study in an institution of higher learning.