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TRICARE
MANAGEMENT ACTIVITY

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

CHANGE TITLE: NATIONAL DEFENSE AUTHORIZATION ACT (NDAA) FISCAL YEAR (FY) 2010, SECTION 702, EXPANSION OF EARLY ELIGIBILITY BENEFIT FOR RESERVE AND NATIONAL GUARD (NG) FAMILY MEMBERS FROM 90 TO 180 DAYS

CONREQ: 15453

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change expands the maximum period of early eligibility TRICARE from 90 to 180 days for members of the Reserve and NG who are issued delayed-effective-date active-duty orders.

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

This change is made in conjunction with Feb 2008 TPM, Change No. 58 and Feb 2008 TRM, Change No. 60.

Reta M. Michak
Director, Operations Division

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Chapter 18

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Department Of Defense (DoD) Weight Management Demonstration

1.0 PURPOSE

This demonstration will allow the Department of Defense (DoD) to determine the efficacy and acceptability of pharmacotherapy and distance behavioral interventions in producing and maintaining clinically significant weight loss in an at-risk overweight or obese individual. The Weight Management Demonstration (hereby referred to as the Demonstration) will also provide information that will enable DoD to determine whether to seek a change in statute to authorize, as part of the TRICARE benefit, behavior modification either alone or with pharmacotherapy for the treatment of patients that are overweight or obese.

2.0 BACKGROUND

2.1 Obesity is the seventh leading cause of preventable death in the United States contributing to more than 112,000 deaths annually. All segments of the DoD population demonstrate upward weight trends with approximately 13% of active duty, 34% of non-active duty, and 19% of dependent DoD adolescents classified as obese according the National Institutes of Health (NIH). Many high volume, high cost medical conditions, including diabetes, heart disease, back and joint pain, asthma, some cancers, and sleep apnea are related to obesity.

2.2 According to the Centers of Disease Control and Prevention (CDC) in the four demonstration states, there are 315,000 eligibles in total. Out of the 315,000 eligibles, approximately 71,000 Prime enrollees are age 18 and older, and approximately 45,000 Prime enrollees meet the definition for overweight or obese.

2.3 Under TRICARE, the treatment of obesity, as a sole medical condition, is excluded by law [10 USC 1079(a)(11)]. As a result, TRICARE policy is limited to proven surgical interventions for individuals with associated medical conditions (i.e., hypertension, cholecystitis, narcolepsy, diabetes mellitus, pickwickian syndrome (and other severe respiratory diseases), hypothalamic disorders, and severe arthritis of the weight-bearing joints). TRICARE does not cover non-surgical treatment of obesity or morbid obesity for dietary control or weight reduction (i.e., nutritional or behavioral counseling or weight loss medication).

2.4 One of the priorities of the Assistant Secretary of Defense for Health Affairs (ASD(HA)) is to establish a uniform weight management program for TRICARE Prime enrollees in the Military Health System (MHS). Therefore, on July 6, 2005 (Vol 70, No 38888), the **Federal Register** announced a demonstration project in which the DoD will provide TRICARE reimbursement for Prime enrollees (excluding active duty members and those enrolled in special programs) residing in Indiana, Illinois, Michigan, and Ohio to receive weight management intervention for the treatment of obesity.

2.5 The Demonstration project is planned for three years. The Demonstration will continue based on outcome measures related to utilization rates, weight loss rates, and success of pharmacotherapy.

3.0 POLICY AND ELIGIBILITY

3.1 Effective October 1, 2005, the Demonstration is authorized for overweight (Body Mass Index (BMI > 25)) non-active duty TRICARE Prime enrollees, who are age 18 to 64, residing in Ohio, Michigan, Indiana, or Illinois.

3.2 The Demonstration does not apply to active duty members or those TRICARE-eligible beneficiaries enrolled in special programs (i.e., Extended Care Health Option (ECHO)) available through TRICARE.

4.0 MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITY

4.1 The MCSC shall enroll eligible beneficiaries into the Demonstration through the Defense Online Enrollment System (DOES) based on applications received from the Demonstration contractor. The MCSC is not required to verify or validate enrollment information. Rather, the MCSC is simply the data entry portal for reporting the enrollment to the Defense Enrollment Eligibility Reporting System (DEERS). The MCSC shall accomplish the required data entry within five calendar days of receiving an approved enrollment application from the Demonstration contractor. Enrollments that cannot be effected because of ineligibility on DEERS or because of invalid or incomplete information shall be returned to the Demonstration contractor with an explanation of the problem within five calendar days of receipt of the application.

4.2 The MCSC shall disenroll beneficiaries and make changes as necessary. The MCSC shall notify the Demonstration contractor of any changes in status from DEERS.

4.3 The MCSC shall provide Pharmacy Data Transaction Service (PDS) with a weekly list of all enrollments completed during the week. The list will include: beneficiary's name, beneficiary's Social Security Number (SSN), sponsor's name, sponsor's SSN, beneficiary's address and date of enrollment into the Demonstration. The weekly list shall be e-mailed to **pds.ameddcs@amedd.army.mil**.

4.4 DoD will cost-share all medical care required as a result of participation in the Demonstration. This includes physician visits for medical management and prescription pharmacotherapy through the TRICARE Mail Order Pharmacy (TMOP).

4.5 The MCSC shall process claims and allow TRICARE benefits for otherwise covered health care services (i.e., physician visit, medication management visit, etc.) related to the treatment of obesity. Normal TRICARE Prime cost-sharing applies.

5.0 APPLICABILITY

The provisions of this demonstration are limited to those TRICARE-eligible beneficiaries as stated above in [paragraph 3.1](#).

6.0 ASD(HA) RESPONSIBILITIES

ASD(HA) is the designated Executive Agent for the Demonstration project. They shall designate a project officer in the Office of the DASD (Clinical Services) for the Demonstration. The project officer shall provide clinical oversight and ongoing program management of the Demonstration.

7.0 EFFECTIVE DATE

This demonstration is effective for claims for services provided on or after October 1, 2005.

- END -

Department Of Defense (DoD) Tobacco Cessation Demonstration

1.0 PURPOSE

This demonstration will allow the Department of Defense (DoD) to determine the efficacy and acceptability of a telephone-based tobacco cessation quitline and pharmacotherapy in producing and maintaining tobacco cessation. The Tobacco Cessation Demonstration (hereby referred to as the Demonstration) will also provide information that will enable DoD to determine whether to authorize telephone-based tobacco cessation counseling alone or with pharmacotherapy as part of the TRICARE benefit.

2.0 BACKGROUND

2.1 Tobacco use is the leading cause of preventable death in the United States. It is responsible for 440,000 deaths annually nationwide, including 14,000 in the DoD. The case for an expanded and comprehensive approach to DoD tobacco cessation is compelling. With estimated medical costs from tobacco use that exceed \$1.6 billion per year and the observation of an alarming increase in smoking prevalence among young active duty, the need for a global and effective DoD strategy has never been greater.

2.2 Research indicates tobacco use has a negative impact on readiness during wartime (e.g., 20-50% reduction in night vision; rapid nicotine withdrawal affects cognitive functioning and visual acuity; significant decrement in tracking and longer reaction times). Tobacco use also:

- Puts individuals at greater risk for pneumonia, asthma, and lung disease;
- Results in more hospitalization and lost work in young active duty;
- Degrades performance on physical fitness tests; and
- Increases likelihood of sustaining musculoskeletal injuries.

2.3 Substantial research confirms that pharmacotherapy, proactive telephone quitlines, and individual/group counseling are effective interventions. According to the Centers for Disease Control and Prevention (CDC), smokers are more likely to utilize telephone counseling than group and individual counseling. High intensity interventions are more effective than lower intensity ones. The Demonstration will provide the opportunity to test the effectiveness of potential benefit changes in the DoD population.

2.4 One of the priorities of the Assistant Secretary of Defense for Health Affairs (ASD(HA)) is to establish a uniform tobacco cessation program for TRICARE Prime enrollees in the Military Health System (MHS). Therefore, on July 6, 2005 (Vol 70, No 38888), the **Federal Register** announced a demonstration project in which the DoD will provide TRICARE reimbursement for tobacco

cessation services for TRICARE beneficiaries who meet the eligibility requirements outlined in [paragraph 3.1](#). The scope of services available through this demonstration will include:

- The availability of a proactive toll-free telephone quitline;
- The availability of a web-based tobacco cessation information resource;
- Prescription pharmacotherapy and physician visits, with normal copays; and
- Unlimited numbers of quit attempts.

This demonstration project is being conducted under the expanded Health Maintenance Organization (HMO) Uniform Benefit of the [32 CFR 199.18\(b\)\(2\)](#).

2.5 The Demonstration project is planned for three years. The Demonstration will continue based on outcome measures related to utilization rates, quit rates, and success of pharmacotherapy.

3.0 POLICY AND ELIGIBILITY

3.1 Effective October 1, 2005, the Demonstration is authorized for TRICARE eligible beneficiaries enrolled in Prime, 18-64 years of age, and who are non-Medicare entitled and reside in the identified zip code areas of the demonstration. The demonstration area includes an area greater than 40 miles from inpatient Military Treatment Facilities (MTFs) in Colorado, Minnesota, Missouri, and Kansas.

3.2 The Demonstration does not apply to those TRICARE-eligible beneficiaries enrolled in special programs (e.g., Extended Care Health Option (ECHO)) available through TRICARE.

4.0 MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITY

4.1 The MCSC shall enroll eligible beneficiaries into the Demonstration through Defense Online Enrollment System (DOES) based on applications received from the Demonstration contractor. The MCSC is not required to verify or validate enrollment information. Rather, the MCSC is simply the data entry portal for reporting the enrollment to Defense Enrollment Eligibility Reporting System (DEERS). The MCSC shall accomplish the required data entry within seven calendar days of receiving an approved enrollment application from the demonstration contractor. Enrollments that cannot be effected because of ineligibility on DEERS or because of invalid or incomplete information shall be returned to the demonstration contractor with an explanation of the problem within seven calendar days of receipt of the application.

4.2 The MCSC shall provide the Pharmacy Data Transaction Service (PDTs) with a weekly list of all enrollments completed during the week. The list will include: beneficiary's name, beneficiary's Social Security Number (SSN), sponsor's name, sponsor's SSN, beneficiary's address, and date of enrollment into the Demonstration. The weekly list shall be e-mailed to pdt.ameddcs@amedd.army.mil.

4.3 DoD will cost-share all medical care required as a result of participation in the Demonstration. This includes physician visits for medical management and prescription pharmacotherapy through the TRICARE Mail Order Pharmacy (TMOP).

4.4 The MCSC shall process claims and allow TRICARE benefits for otherwise covered health care services (i.e., physician visits, medication management visits, prescription pharmaceuticals, etc.)

related to tobacco cessation. Normal TRICARE Prime copays for provider visits and prescription pharmacotherapy will apply under this Demonstration. No copays will be assessed for Quitline services or web-based tobacco cessation information.

4.5 The MCSC shall disenroll demonstration participants upon notification of loss of eligibility by DEERS (due to a change in DEERS status or relocation outside of the demonstration area), upon notification of completion of treatment, or upon termination of the demonstration (whichever comes first).

4.6 The MCSC shall notify the demonstration contractor of any DEERS status changes for demonstration participants which could affect eligibility for the demonstration.

5.0 APPLICABILITY

The provisions of this demonstration are limited to those TRICARE-eligible beneficiaries and Active Duty Service Members (ADSMs) as stated in [paragraph 3.1](#).

6.0 ASD(HA) RESPONSIBILITIES

ASD(HA) is the designated Executive Agent for the Demonstration project. They shall designate a project officer in the Office of the DASD (Clinical Services) for the Demonstration. The project officer shall provide clinical oversight and ongoing program management of the Demonstration.

7.0 EFFECTIVE DATE

This Demonstration is effective for claims for services provided on or after October 1, 2005.

- END -

Department Of Defense (DoD) Alcohol Abuse Prevention And Education Demonstration

1.0 PURPOSE

The purpose of this demonstration is to test the efficacy of web-based training in the avoidance of abusive behaviors related to alcohol consumption. This section is for information only.

2.0 BACKGROUND

2.1 Web-based alcohol prevention education courses are a new and innovative approach to education that active duty members can relate to and feel comfortable with. Such an approach combines proven science-based teaching with the latest web-based media technologies. Available courses offer potentially engaging and easy to follow audio-visual productions including streaming video, interactive assignments and case studies, self assessments, customized feedback about current drinking levels, as well as final examinations. These courses also offer the benefit of being available at any time for the user. Additionally, due to the very nature of the internet, such programs also have the potential to provide researchers with a wealth of data that can help determine the outcomes of the program.

2.2 This project will enhance Service-level Alcohol Prevention Education Program by providing another option for alcohol prevention education. The case of an expanded and innovative Department of Defense (DoD) approach to alcohol prevention education is compelling. According to the 2002 DoD "Survey of Health Related Behaviors Among Military Personnel," trends in alcohol consumption between 1982 and 1998 were showing great promise. Over this period, heavy alcohol consumption had declined by 36%, members facing serious consequences from alcohol consumption declined by 54%, and productivity losses from alcohol consumption declined by 60%. However, between 1998 and 2002, alarming trends have begun to emerge erasing many of the gains made in the late 1980s and 1990s. Heavy alcohol consumption increased by 27%. Additionally, for the first time, binge drinking was measured in the 2002 survey, and DoD rates of 18-25 year old active duty binge drinkers (53%) exceed civilian binge drinkers in the same age group (44%).

2.3 Research of the literature and studies conducted within the Military Health System (MHS) indicate the impact of heavy alcohol use. According to the DoD Task Force Report on Care for Victims of Sexual Assault, alcohol use contributes to 50% of alleged sexual assaults by service members. Based on a review of active duty suicide data, alcohol was a factor in approximately 29% of all DoD suicides. In review of active duty private motor vehicle fatalities, alcohol contributed to 20-25% of those fatalities (civilian rate 40%). The DoD administratively separates more than 700 members per year for alcohol-related reasons. Research indicates alcohol reduces productivity by at least 1,764 Full Time Equivalent (FTEs)/year (treatments, illness, hospitalization, and duty losses). All these issues directly impact force readiness.

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Department Of Defense (DoD) Alcohol Abuse Prevention And Education Demonstration

2.4 One of the priorities of the Assistant Secretary of Defense for Health Affairs (ASD(HA)) is to establish a uniform inexpensive web-based alcohol prevention education program for active duty in the MHS.

2.5 The Alcohol Prevention Education Program is planned for two years. The Demonstration will continue based on outcome measures related to utilization rates, alcohol abuse rates, and who will need a continuum of services.

3.0 ELIGIBILITY

Effective October 1, 2005, the Demonstration is authorized for all active duty members.

4.0 OPERATION

The Alcohol Abuse Prevention and Education Demonstration will be operated by a Demonstration contractor. No Managed Care Support Contractor (MCSC) involvement is required.

- END -

TRICARE Demonstration Project For The State Of Alaska - Critical Access Hospital (CAH) Payment Rates

1.0 PURPOSE

Under this demonstration project, TRICARE will reimburse Critical Access Hospitals (CAHs) in the state of Alaska in a similar manner as they are reimbursed under Medicare. This demonstration project will test adopting a Medicare-like CAH reimbursement methodology prior to nationwide implementation, in those states that have established State Flex Programs. It will also test CAH provider participation in TRICARE, beneficiary access to care, cost of health care services, military medical readiness, morale and welfare. This demonstration will be conducted under statutory authority provided in 10 United States Code (USC) 1092.

2.0 BACKGROUND

2.1 Hospitals are authorized TRICARE institutional providers under 10 USC 1079(j)(2) and (4). Under 10 USC 1079(j)(2), the amount to be paid to hospitals, Skilled Nursing Facilities (SNFs), and other institutional providers under TRICARE, "shall be determined under joint regulations... which provide that the amount of such payments shall be determined to the extent practicable in accordance with the same reimbursement rules as apply to payments to providers of services of the same type under [Medicare]:". Under [32 CFR 199.14\(a\)\(1\)\(ii\)\(D\)\(1\)](#) through [\(9\)](#) it specifically lists those hospitals that are exempt from the Diagnosis Related Groups (DRG)-based payment system. CAHs are not listed as excluded, thereby making them subject to the DRG-based payment system. CAHs are not listed as exempt, because at the time this regulatory provision was written, CAHs were not a recognized entity.

2.2 Legislation enacted as part of the Balanced Budget Act (BBA) of 1997 authorized states to establish State Medicare Rural Hospital Flexibility Programs, under which certain facilities participating in Medicare could become CAHs. CAHs represent a separate provider type with their own Medicare conditions of participation as well as a separate payment method. Since that time, a number of hospitals, acute care and general, as well as Sole Community Hospitals (SCHs), have taken the necessary steps to be designated as CAHs. Since the statutory authority requires TRICARE to apply the same reimbursement rules as apply to payments to providers of services of the same type under Medicare to the extent practicable, TRICARE must proceed with publication of a proposed and final rule to exempt CAHs from the DRG-based payment system and adopt a method similar to Medicare principles for these hospitals when it becomes practicable to implement. The purpose of the demonstration is to test implementation immediately for CAHs in the state of Alaska.

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TRICARE Demonstration Project For The State Of Alaska -
Critical Access Hospital (CAH) Payment Rates

3.0 POLICY

3.1 Otherwise covered services and supplies provided by CAHs in the state of Alaska shall be reimbursed for inpatient and outpatient facility services at the lesser of the billed charge or on the basis of 101% of their allowable and reasonable costs. That is, an overall inpatient Cost-To-Charge Ratio (CCR) and overall outpatient CCR, obtained from data on the hospital's most recent Medicare cost report will be multiplied by the billed charge; the resulting amount will be increased by 1%. This amount shall be compared to the billed charge and the lesser of the two shall be paid to the provider.

3.2 The following inpatient CCRs shall be effective for inpatient admission on or after July 1, 2007. The outpatient CCRs shall be effective for outpatient facility services with dates of service on or after July 1, 2007.

FIGURE 18.7-1 CRITICAL ACCESS HOSPITALS (CAHs) IN ALASKA AND THEIR CCRS ON OR AFTER JULY 1, 2007

NAME	INPATIENT CCR	OUTPATIENT CCR
Valdez Regional Health Authority (VRHA)	2.1029	1.3978
Providence Seward Medical & Care Center (PSMCC)	0.6799	0.7674
Sitka Community Hospital (SCH)	1.0100	0.8098
Petersburg Medical Center (PMC)	0.9762	0.8901
Wrangell Medical Center (WMC)	0.9445	0.7574
Providence Kodiak Island Medical Center (PKIMC)	0.6992	0.6079
Cordova Community Medical Center (CCMC)	1.0544	1.3456
Norton Sound Health Corporation (NSHC)	1.0438	1.1183
Ketchikan General Hospital (KGH)	0.5770	1.1669

3.3 The following inpatient CCRs shall be effective for inpatient admission on or after July 1, 2008. The outpatient CCRs shall be effective for outpatient facility services with dates of service on or after July 1, 2008.

FIGURE 18.7-2 CRITICAL ACCESS HOSPITALS (CAHs) IN ALASKA AND THEIR CCRS ON OR AFTER JULY 1, 2008

NAME	INPATIENT CCR	OUTPATIENT CCR
Valdez Regional Health Authority (VRHA)	1.5739	1.2364
Providence Seward Medical & Care Center (PSMCC)	0.9906	0.6405
Sitka Community Hospital (SCH)	1.0852	0.8717
Petersburg Medical Center (PMC)	0.8958	0.8895
Wrangell Medical Center (WMC)	0.8391	0.7346
Providence Kodiak Island Medical Center (PKIMC)	0.6340	0.5586
Cordova Community Medical Center (CCMC)	0.6026	0.8697

FIGURE 18.7-2 CRITICAL ACCESS HOSPITALS (CAHs) IN ALASKA AND THEIR CCRS ON OR AFTER JULY 1, 2008 (CONTINUED)

NAME	INPATIENT CCR	OUTPATIENT CCR
Norton Sound Health Corporation (NSHC)	1.0967	0.8851
Ketchikan General Hospital (KGH)	0.6827	0.6711

3.4 The TRICARE Management Activity (TMA) shall provide a list of CAHs in the state of Alaska to the MCSC and the inpatient and outpatient CCRs to be used for this demonstration. The CCRs shall be updated on an annual basis using the most recent CCRs for each hospital. TMA shall provide the updated inpatient and outpatient CCRs to the contractor and the updated inpatient and outpatient CCRs shall be effective as of July 1 of each respective year, with the first update occurring effective July 1, 2008.

3.5 Payment for TRICARE covered outpatient services provided by physicians and other non-institutional individual professional providers in the state of Alaska shall be reimbursed in accordance with the Federal Register (FR) notice published on November 20, 2006 (71 FR 67112-67113). That is, TRICARE will adopt a rate that is 1.35 times the current TRICARE allowable rate. These rates are included in the CHAMPUS Maximum Allowable Charge (CMAC) file that is provided to each of the Managed Care Support Contractors (MCSCs).

3.6 The TRICARE cost-shares, copayments, and deductibles applicable to hospitals shall also apply to the services provided by CAHs under this demonstration.

3.7 The CAH portion of the state of Alaska demonstration excludes those Indian Health Service (IHS) facilities that are also CAHs. IHS facilities will continue to be reimbursed the DRG or the negotiated rate for inpatient care, the lower of the billed charge or negotiated rate for outpatient facility care, and the CMAC rates for Alaska for care rendered by individual professional providers.

4.0 MCSC RESPONSIBILITY

4.1 The MCSC for the state of Alaska shall price and process inpatient and outpatient facility claims under this demonstration using the reimbursement methods described in [paragraph 3.0](#).

4.2 Out-Of-Jurisdiction Claims

4.2.1 In the event the MCSC for the state of Alaska receives an out-of-jurisdiction claim, the MCSC shall price the claim using the methods described in [paragraph 3.0](#). Once the claim has been priced, the claim shall be forwarded to the appropriate contractor based on the jurisdiction provisions found in [Chapter 8, Section 2](#).

4.2.2 In the event that a north or south MCSC or other TRICARE contractor receives a claim from one of the CAHs under this demonstration, the claim shall be sent to the MCSC for the state of Alaska to be priced using the provision of this demonstration. Once the claim has been priced by the state of Alaska MCSC, the claim shall be forwarded to the appropriate contractor based on the jurisdiction provisions found in [Chapter 8, Section 2](#). The claim shall be sent to the fax number: 1-715-843-8435, Attn: CAH Processing.

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Chapter 18, [Section 7](#)

TRICARE Demonstration Project For The State Of Alaska -
Critical Access Hospital (CAH) Payment Rates

5.0 EFFECTIVE DATES

5.1 The portion of the state of Alaska demonstration that provides for 1.35 times the current TRICARE allowable rate took effect on February 1, 2007.

5.2 The enhanced portion of the state of Alaska demonstration that provides for 101% of reasonable costs for inpatient and outpatient facility reimbursement to CAHs shall be effective for inpatient admissions on and after July 1, 2007, and for outpatient facility services with dates of service on or after July 1, 2007.

5.3 The CAH portion of the demonstration will expire on November 30, 2009. Requirements of this section as related to the CAH portion of the demonstration cease at 12:00 midnight on November 30, 2009, except for claims for patients admitted prior to 12:00 midnight on November 30, 2009. The demonstration retains responsibility for these claims until the beneficiary is discharged from the CAH. For information on CAH reimbursement, see the TRICARE Reimbursement Manual (TRM), [Chapter 15, Section 1](#).

- END -

Department Of Defense (DoD) Enhanced Access To Autism Services Demonstration

1.0 PURPOSE

The Enhanced Access to Autism Services Demonstration ("Demonstration") provides TRICARE reimbursement for Educational Interventions for Autism Spectrum Disorders (EIA). This Demonstration will enable the Department of Defense (DoD) to determine whether:

- There is increased access to these services;
- The services are reaching those most likely to benefit from them;
- The quality of those services is meeting a standard of care currently accepted by the professional community of providers, including the Behavior Analyst Certification Board (BACB); and
- Requirements are met for State licensure and certification where such exists.

2.0 BACKGROUND

2.1 The Military Health System (MHS) includes 59 military hospitals, over 350 military health clinics, and an extensive network of private sector health care partners, that provides medical care for more than nine million beneficiaries, including Active Duty Service Members (ADSMs) and Active Duty Family Members (ADFM)s).

2.2 Autistic Spectrum Disorders (ASD) affect essential human behaviors such as social interaction, the ability to communicate ideas and feelings, imagination, and the establishment of relationships with others.

2.3 A number of EIA services, such as Applied Behavior Analysis (ABA), have been introduced to ameliorate the negative impact of autism. Currently, ABA is the only EIA service accepted within the MHS as having been shown to reduce or eliminate specific problem behaviors and teach new skills to individuals with ASD. ABA therapy is rendered by TRICARE-authorized providers as a Special Education benefit under the Extended Care Health Option (ECHO). Only those individuals who are licensed or certified by a State or certified by the BACB (<http://www.bacb.com>) as a Board Certified Behavior Analyst (BCBA) or a Board Certified Assistant Behavior Analyst (BCaBA) are eligible to be TRICARE-authorized providers of ABA.

2.4 The Demonstration allows TRICARE reimbursement for EIA services, referred to as Intensive Behavioral Interventions in the Federal Register Demonstration Notice (72 FR 68130, December 4,

2007), delivered by paraprofessional providers under a modified Corporate Services Provider (CSP) model.

3.0 DEFINITIONS

3.1 Applied Behavior Analysis (ABA)

A well-developed discipline with a mature body of scientific knowledge, established standards for evidence-based practice, distinct methods of service, recognized experience and educational requirements for practice, and identified sources of requisite education. Information regarding the content of ABA is contained in the BACB Behavior Analysis Task List, available at <http://www.bacb.com/Downloadfiles/AutismTaskList/708AutismTaskListF.pdf>.

3.2 Autism Spectrum Disorders (ASD)

3.2.1 Collective term indicating Autistic Disorder (AD), Childhood Disintegrative Disorder (CDD), Asperger's Syndrome (AS), and Pervasive Developmental Disorder Not Otherwise Specified (PDDNOS) as defined by the American Psychiatric Association's (APA's) Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR).

3.2.2 Significant symptoms associated with ASD include communication and social behavior deficits, and behaviors concerning objects and routine.

3.2.2.1 Communication deficits include a lack of speech, especially when associated with the lack of desire to communicate and lack of nonverbal compensatory efforts such as gestures.

3.2.2.2 Social Skills Deficits. Children with ASD demonstrate a decreased drive to interact with others and share complementary feeling states. Children with ASD often appear to be content being alone, ignore their parents' and others' bids for attention with gestures or vocalizations and seldom make eye contact.

3.2.2.3 Restricted, Repetitive, and Stereotyped Patterns of Behavior, Interests, and Activities. Children with ASD can demonstrate atypical behaviors in a variety of areas including peculiar mannerisms, unusual attachments to objects, obsessions, compulsions, self-injurious behaviors, and stereotypes. Stereotypes are repetitive, nonfunctional, atypical behaviors such as hand flapping, finger movements, rocking, or twirling.

3.3 Behavior Plan (BP)

A written assessment of the objectives and goals of behavior modification and the specific evidence-based practices and techniques to be utilized. Requirements for the BP are specified in [paragraph 7.0](#).

3.4 Educational Interventions For Autism Spectrum Disorders (EIA)

Individualized interventions, as specified in the BP, to systematically increase adaptive behaviors and modify maladaptive or inappropriate behaviors. Under the Demonstration, only ABA, as defined by the BACB, is authorized and reimbursable.

3.5 EIA Progress Report (EPR) And Updated BP

A report of the individual's progress towards achieving the behavioral goals and objectives specified in the BP. The report also revises the BP to reflect new or modified goals, objectives and strategies. Requirements for the EPR and the updated BP are specified in paragraphs 7.2 and 7.3, respectively.

3.6 Functional Behavioral Assessment And Analysis

The process of identifying the variables that reliably predict and maintain problem behaviors. The functional behavioral assessment and analysis process typically involves:

- Identifying the problem behavior(s); and
- Developing hypotheses about the antecedents and consequences likely to trigger or support the problem behavior; and
- Performing an analysis of the function of the behavior by testing the hypotheses.

3.7 Individuals With Disabilities Education Act (IDEA)

Public Law 108-446, December 3, 2004 (20 U.S.C. 1400 et seq.): The United States law that entitles all children, including those with a disability, to a Free Appropriate Public Education (FAPE).

3.8 Individualized Family Service Plan (IFSP)

A multidisciplinary assessment and plan that specifies the unique strengths, services and resources needed by an infant or toddler (age zero to three years) with a developmental disability or who is at risk for such, and his/her family.

3.9 Individualized Education Program (IEP)

A multidisciplinary assessment and plan that specifies the objectives, goals and related services associated with providing a FAPE to a child with a disability.

3.10 Special Education

Specially designed instruction to meet the unique FAPE needs, as specified in the IEP, of a child with a disability.

4.0 PROVIDERS

4.1 Primary Care Provider (PCP)

A collective reference within the Demonstration to:

- 4.1.1** A Primary Care Manager (PCM) under the TRICARE Prime or TRICARE Prime Remote for Active Duty Family Member (TPRADFM) programs; and

4.1.2 TRICARE-authorized family practice, general medicine, internal medicine, and pediatric physicians under the TRICARE Standard program; and

4.1.3 A Military Treatment Facility (MTF) provider or team of providers or a network provider to whom a beneficiary is assigned for primary care services at the time of enrollment in TRICARE Prime.

4.2 Autism Demonstration Corporate Services Provider (ACSP)

An individual, corporation, foundation, or public entity that meets the TRICARE definition of a CSP under [32 CFR 199.6\(e\)\(2\)\(ii\)\(B\)](#) that predominantly renders services of a type uniquely allowable under the ECHO and which meets the requirements specified in [paragraph 5.1](#).

4.3 EIA Supervisor

An individual TRICARE authorized provider meeting the requirements specified in [paragraph 5.2](#) who provides supervisory oversight of EIA Tutors.

4.4 EIA Tutor

An individual who meets the requirements specified in [paragraph 5.3](#) and delivers EIA services to TRICARE beneficiaries under the supervision of an EIA Supervisor. EIA Tutors work one-on-one with children in accordance with the BP and gather behavioral data necessary for the EIA Supervisor to evaluate the effectiveness of the BP. An EIA Tutor may not conduct behavioral evaluations, establish a child's BP, or submit claims for services provided to TRICARE beneficiaries.

4.5 Specialized ASD Provider

A TRICARE authorized provider who is a:

- Physician board-certified or board-eligible in behavioral developmental pediatrics, neurodevelopmental pediatrics, pediatric neurology or child psychiatry; or
- Ph.D. clinical psychologist working primarily with children.

5.0 EIA PROVIDER REQUIREMENTS

5.1 ACSPs shall:

5.1.1 Submit evidence to the Managed Care Support Contractor (MCSC) that professional liability insurance in the amounts of one million dollars per claim and three million dollars in aggregate, unless State requirements specify greater amounts, is maintained in the ACSP's name.

5.1.2 Submit claims to the appropriate MCSC using the assigned Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes specified in [paragraph 9.0](#).

5.1.3 Submit to the MCSC all documents necessary to support an application for designation as a TRICARE ACSP; and

- 5.1.4** Enter into a Participation Agreement ([Addendum A](#)) approved by the Director, TRICARE Management Activity (TMA) or designee; and
- 5.1.5** Employ directly or contract with EIA Supervisors and/or EIA Tutors; and
- 5.1.6** Certify that all EIA Supervisors and EIA Tutors employed by or contracted with the ACSP meet the education, training, experience, competency, supervision and Demonstration requirements specified herein; and
- 5.1.7** Comply with all applicable organizational and individual licensing or certification requirements that are extant in the State, county, municipality, or other political jurisdiction in which EIA services are provided under the Demonstration; and
- 5.1.8** Maintain employment or contractual documentation in accordance with applicable Federal, State, and local requirements and corporate policies regarding EIA Supervisors and EIA Tutors; and
- 5.1.9** Comply with all applicable requirements of the Government designated utilization and clinical quality management organization for the geographic area in which the ACSP provides EIA services; and
- 5.1.10** Comply with all other requirements applicable to TRICARE-authorized providers.
- 5.2** EIA Supervisor shall:
- 5.2.1** Have a current, unrestricted State-issued license to provide ABA services; or
- 5.2.2** Have a current, unrestricted State-issued certificate as a provider of ABA services; or
- 5.2.3** Have a current certification from BACB (<http://www.bacb.com>) as either a BCBA or a BCaBA where such state-issued license or certification is not available; and
- 5.2.4** Enter into a Participation Agreement ([Addendum A](#)) approved by the Director, TMA or designee; and
- 5.2.5** Employ directly or contract with EIA Tutors; and
- 5.2.6** Report to the MCSC within 30 days of notification of a BACB sanction issued to the EIA Supervisor for violation of BACB disciplinary standards (http://www.bacb.com/pages/prof_standards.html) or notification of loss of BACB certification. Loss of BACB certification shall result in termination of the Participation Agreement with the EIA Supervisor with an effective date of such notification. Termination of the Participation Agreement by the MCSC may be appealed to the TMA in accordance with the requirements of [Chapter 13](#); and
- 5.2.7** Ensure that the quality of the services provided by EIA Tutors meet the minimum evidence-based standards as indicated by the current BACB Task List, the BACB Professional Disciplinary Standards, the BACB Guidelines for Responsible Conduct for Behavior Analysts, and current BACB rules and regulations; and

5.2.8 Maintain all applicable business licenses and employment or contractual documentation in accordance with Federal, State, and local requirements and the EIA Supervisor's business policies regarding EIA Tutors; and

5.2.9 Meet all applicable requirements of the states in which they provide EIA services, including those of states in which they provide remote supervision of EIA Tutors and oversee EIA services provided where the beneficiary resides; and

5.2.10 Cooperate fully with a designated utilization and clinical quality management organization which has a contract with the DoD for the geographic area in which the provider does business; and

5.2.11 Comply with all other applicable requirements to TRICARE-authorized providers.

5.3 EIA Tutor:

5.3.1 Prior to providing EIA services under the Demonstration, shall have completed 40 hours of classroom training in ABA techniques in accordance with the BACB Guidelines for Responsible Conduct for Behavior Analysts (<http://www.bacb.com>), undergone a criminal background check as specified in [paragraph 5.4.3](#); and

- Completed a minimum of 12 semester hours of college coursework in psychology, education, social work, behavioral sciences, human development or related fields and be currently enrolled in a course of study leading to an associate's or bachelor's degree by an accredited college or university; or
- Completed a minimum of 48 semester hours of college courses in an accredited college or university; or
- A High School diploma or GED equivalent and have completed 500 hours of employment providing ABA services as verified by the ACSP.

5.3.2 Receive no less than two hours direct supervision per month from the EIA Supervisor with each beneficiary the Tutor provides services to and in accordance with the BACB Guidelines for Responsible Conduct for Behavior Analysts. Remote supervision through the use of real time methods is authorized. For the purpose of this paragraph, "real-time" is defined as the simultaneous "live" audio and video interaction between the Supervisor and the Tutor by electronic means such that the occurrence is the same as if the individuals were in the physical presence of each other. Such is usually done by electronic transmission over the internet.

5.4 Provider Background Review

5.4.1 The MCSC shall obtain a Criminal History Review, as specified in [Chapter 4, Section 1, paragraph 9.0](#), for ACSPs who are individual providers with whom the MCSC enters into a Participation Agreement.

5.4.2 ACSPs, other than those specified in [paragraph 5.4.1](#), shall:

5.4.2.1 Obtain a Criminal History Review of EIA Supervisors whom the ACSP employs directly or with whom the ACSP enters into a contract.

5.4.2.2 Obtain a Criminal Background Check of EIA Tutors whom the ACSP employs directly or with whom the ACSP enters into a contract.

5.4.3 The EIA Supervisor shall obtain a Criminal Background Check of EIA Tutors the Supervisor employs directly or with whom the Supervisor enters into a contract to supervise the EIA Tutor. The Criminal Background Check of EIA Tutors shall:

5.4.3.1 Include current Federal, State, and County Criminal and Sex Offender reports for all locations the EIA Tutor has resided or worked during the previous 10 years; and

5.4.3.2 Be completed prior to the EIA Tutor providing services to TRICARE beneficiaries.

6.0 BENEFICIARY ELIGIBILITY REQUIREMENTS

6.1 TRICARE beneficiaries who request participation in the Demonstration shall:

6.1.1 Be at least 18 months of age; and

6.1.2 Be registered in the ECHO; and

6.1.3 Have been diagnosed with an ASD specified in [paragraph 3.2](#) by a TRICARE-authorized PCP or Specialized ASD Provider; and

6.1.4 Provide the MCSC with the beneficiary's IFSP or the IEP documenting that the beneficiary is receiving Early Intervention Services or Special Education and that adequate EIA services are not available through the IDEA.

Note: If the child is home schooled or enrolled in a private school and not required by State law to have an IEP, the child's PCP or Specialized ASD Provider must certify to the MCSC that the child requires participation in the Demonstration.

6.2 Eligibility for benefits under the Demonstration ceases as of 12:01 a.m. of the day after:

- The Demonstration ends; or
- Eligibility for the ECHO program ends.

6.3 Absence of eligibility for the Demonstration does not preclude beneficiaries from receiving otherwise allowable services under ECHO or the TRICARE Basic program.

7.0 BP REQUIREMENTS

The initial BP, the EPR, and updated BP shall be developed by the ACSP directing the delivery of EIA services and shall include the name/title/address of the preparer and the elements specified in [paragraphs 7.1](#) through [7.3](#) to the extent applicable.

7.1 The initial BP shall include:

7.1.1 The beneficiary's name, date of birth, date the Functional Behavioral Assessment and Analysis was completed, sponsor's Social Security Number (SSN), name of the referring provider, background and history, goals and objectives, parental training, summary and recommendations.

7.1.2 Background and history shall include:

7.1.2.1 Information that clearly demonstrates the beneficiary's condition, diagnosis, and family history; and

7.1.2.2 How long the beneficiary has been receiving EIA services; and

7.1.2.3 Identification of any services or therapies being received through community resources (e.g., state waiver programs, Medicaid, services available through a Regional or Community Center); and

7.1.2.4 How the ACSP will coordinate EIA services with available community services; and

7.1.3 Goals and objectives of the EIA services shall include:

7.1.3.1 A detailed description of the targeted skills and behaviors that will be addressed through the EIA sessions and the objectives that will be measured, which may include:

- Communication skills
- Mental health issues
- Vocational skills
- Adaptive skills
- Motor skills
- Academic skills
- Cognitive skills
- Developmental skills
- Behavior skills
- Social skills
- Medical and quasi-medical issues

7.1.3.2 Administration of any diagnostic tests that will assess skill acquisition or behavior modification; and

7.1.3.3 The frequency and method of assessing the beneficiary's progress towards achieving the goals and objectives.

7.1.4 Parental training shall be included in the BP. Parental training shall be provided while billable EIA services are being provided to the beneficiary. The BP shall include a detailed plan that specifies how parents will be trained to:

7.1.4.1 Implement and reinforce skills and behaviors; and

7.1.4.2 Receive support to implement strategies within a specified setting.

7.1.5 Summary and recommendations of the BP shall include the extent of parent/caregiver involvement that will be expected to support the plan.

7.1.6 The initial BP shall be reviewed and updated by the ACSP at six-month intervals and submitted to the MCSC for review and authorization of EIA services.

7.2 The EPR shall include:

7.2.1 Beneficiary's name, date of birth, inclusive dates of the evaluation period, sponsor's SSN, name of the referring provider; and

7.2.2 A summary of the child's progress; and

7.2.3 A summary of the child's challenges to meet the goals and objectives; and

7.2.4 A summary of parent/caregiver participation in implementing the BP during the evaluation period.

7.2.5 Recommendations for continued EIA services.

7.3 The updated BP shall include:

7.3.1 The data elements specified in [paragraph 7.1](#); and

7.3.2 The dates of the plan being updated; and

7.3.3 The number of EIA hours of services to be provided each month by the EIA Supervisor and the EIA Tutor.

7.4 The ACSP shall provide an information copy of the BP, the EPR, and the updated BP to the beneficiary's PCP or ASD Specialized provider, within 10 calendar days of completion.

8.0 POLICY

8.1 Under the Demonstration, TRICARE will reimburse ACSP's only for EIA services that meet the minimum standards established by the current BACB Task List, the BACB Professional Disciplinary Standards, the BACB Guidelines for Responsible Conduct for Behavior Analysts, and current BACB rules and regulations when rendered by providers who meet all applicable requirements specified herein.

8.2 All EIA services under this Demonstration require prior written authorization by the Director, TMA or designee.

8.3 The following are eligible for reimbursement under the Demonstration:

8.3.1 Evaluation of a beneficiary using the Functional Behavioral Assessment and Analysis.

8.3.2 Development of the initial BP, the EPR, and the updated BP.

8.3.3 EIA services rendered directly to a TRICARE beneficiary on a one-on-one basis. Group EIA sessions are not a TRICARE benefit.

8.3.4 EIA services rendered jointly, in-person, during directly supervised fieldwork of the EIA Tutor by the EIA Supervisor. Only the services provided by the Supervisor will be reimbursed as specified in [paragraph 9.1](#).

8.3.5 Quarterly, in-person meetings between the EIA Supervisor and the beneficiary's primary caregivers.

8.4 The allowed cost of services provided by this demonstration on or after October 14, 2008 accrue to the government's maximum fiscal year share of providing benefits in accordance with the TRICARE Policy Manual (TPM) [Chapter 9](#), (except ECHO Home Health Care (EHC)), of \$36,000.

9.0 REIMBURSEMENT

9.1 Claims for Demonstration services will be submitted by the ACSP on a Centers for Medicare and Medicaid (CMS) 1500 (08/05) as follows:

9.1.1 Functional Behavioral Assessment and Analysis.

9.1.1.1 During the first month the beneficiary is enrolled in the Demonstration, the ACSP will be authorized and reimbursed by the MCSC for not more than four hours for conducting the initial Functional Behavioral Assessment and Analysis and establishing the initial BP.

9.1.1.2 The Functional Behavioral Assessment and Analysis and initial BP will be invoiced using HCPCS code "S5108, Home care training to home care client, per 15 minutes."

9.1.1.3 Reimbursement for the Functional Behavioral Assessment and Analysis includes the intellectual work and diagnostic evaluation required to establish the initial BP.

9.1.1.4 Reassessment of established Demonstration participants will be conducted as part of the ACSP's routine supervision services and is not separately reimbursable.

9.1.2 EIA Services rendered jointly by an EIA Supervisor and an EIA Tutor, in-person, during directly supervised fieldwork of the Tutor by the Supervisor, will be invoiced using HCPCS code "S5108, Home care training to home care client, per 15 minutes."

9.1.3 EIA services provided directly by an EIA Tutor will be invoiced using HCPCS code "H2019, Therapeutic behavioral services, per 15 minutes."

9.1.4 Development of the required EPR and updated BP will be invoiced using CPT¹ code 99080, "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form."

9.1.5 Conducting the required quarterly progress meetings with the TRICARE beneficiary's caregivers will be invoiced using CPT¹ code 90887, "Interpretation or explanation of results of

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psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible person, or advising them how to assist patient.”

9.2 Reimbursement of claims in accordance with [paragraphs 9.1.1](#) through [9.1.5](#) will be the lesser of:

- The CHAMPUS Maximum Allowable Charge (CMAC); or
- \$125 per hour for services provided by the EIA Supervisor and \$50 per hour for services provided by the EIA Tutor; or
- The negotiated rate; or
- The billed charge.

10.0 ADDITIONAL MCSC RESPONSIBILITIES

The MCSC shall:

10.1 Consider and advise beneficiaries of the availability of community based or funded programs and services, when authorizing Demonstration benefits.

10.2 Maintain all documents related to the Demonstration in accordance with [Chapter 2](#).

10.3 Forward to the “gaining” MCSC all Demonstration related documents within 10 calendar days of being notified that a beneficiary is transferring to a location under the jurisdiction of another MCSC.

10.4 Review the beneficiary’s BP prior to authorizing Demonstration services.

Note: The Functional Behavioral Assessment and Analysis specified in [paragraph 9.1.1](#) will be authorized by the MCSC prior to development of the BP.

10.5 Conduct annual audits on at least 20% of each ACSP’s EIA Tutors for compliance with the requirements specified in [paragraph 5.3](#). Upon determining non-compliance with one or more EIA Tutor qualification requirements, the MCSC will immediately initiate a compliance audit of all EIA Tutors employed by or contracted with that ACSP.

10.6 Complete and submit the monthly, quarterly, and semi-annual reports as described in the Contract Data Requirements List (CDRL), DD Form 1423.

11.0 APPLICABILITY

11.1 This Demonstration is limited to TRICARE beneficiaries who meet the requirements specified in [paragraph 6.0](#).

11.2 This Demonstration is limited to the 50 United States and the District of Columbia.

TRICARE Operations Manual 6010.56-M, February 1, 2008

Chapter 18, **Section 8**

Department Of Defense (DoD) Enhanced Access To Autism Services Demonstration

11.3 All provisions of the ECHO program apply to the Demonstration unless specifically modified by the Federal Register Demonstration Notice (72 FR 68130, December 4, 2007) or by this Section.

12.0 EXCLUSIONS

TRICARE will not cost-share:

12.1 Training of EIA Tutors as specified in [paragraph 5.3.1](#).

12.2 Charges for program development, administrative services, and the assessment required for developing the EPR and updating the BP.

12.3 More than one Enhanced Access to Autism Services Demonstration service provided to the same beneficiary during the same time period, such as is the case of the supervision of the Tutor specified in [paragraph 5.3.2](#).

12.4 Training of parents specified in [paragraph 7.1.4](#).

13.0 EFFECTIVE DATE

This Demonstration is effective for claims for services provided in accordance with this Section during the period March 15, 2008 through March 14, 2012.

- END -

Operation Noble Eagle/Operation Enduring Freedom Reservist And National Guard (NG) Benefits Demonstration

1.0 PURPOSE

The purpose of this demonstration is to test if the Military Health System (MHS), with certain flexibility in operation, can ensure timely access to health care during a national crisis, maintain clinically appropriate continuity of health care to family members of activated reservists and guardsmen, appropriately limit the extraordinary out-of-pocket expenses for those family members, and remove potential barriers to health care access by families.

2.0 BACKGROUND

2.1 A number of reservists and members of the NG are being ordered to active duty in support of operations that result from the terrorist attacks on the World Trade Center (WTC) and the Pentagon on September 11, 2001. These individuals are being ordered to active duty under Executive Order 13223, 10 U.S.C. 12302, 10 U.S.C. 12301(d), or 32 U.S.C. 502(f). Such operations include for example, Operation Noble Eagle and Operation Enduring Freedom.

2.2 In many cases, reservist families live far from Military Treatment Facilities (MTFs), and are not supported by TRICARE provider networks. Some doctors do not participate in TRICARE, and by law may bill beneficiaries for up to 15% above TRICARE allowable amounts. Family members of reservists could face undue financial hardships if they use such providers.

2.3 In some cases family members of activated reservists and members of the NG are in the middle of a course of medical care (e.g., obstetrical care) which would be disrupted if the family member were suddenly required to continue their care at a military treatment facility.

2.4 Most reservists and members of the NG are enrolled in a commercial health plan when they are called to active duty. Since in nearly every case they will have paid a deductible under their commercial health plan, they would be unfairly penalized if they had to meet a second deductible under TRICARE for care provided to their family members.

3.0 POLICY

3.1 Effective September 14, 2001, this demonstration is authorized for family members of reservists or members of the NG as described in [paragraph 2.1](#). These beneficiaries will be identified by Special Indicator (SI) Code "02" on the Defense Enrollment Eligibility Reporting System (DEERS).

3.2 The TRICARE Encounter Data (TED) record for each Noble Eagle/Enduring Freedom claim must reflect the Special Processing Code "NE".

Operation Noble Eagle/Operation Enduring Freedom Reservist And
National Guard (NG) Benefits Demonstration

3.3 Claims are to be paid from financially underwritten funds. On claims for care from non-participating professional providers, contractors shall allow the lesser of the billed charges or the balance billing limit (115% of the allowable charge). If the charges on a claim from a non-participating professional provider are exempt from the balance billing limit, the contractor shall allow the billed charges. This applies to all claims from non-participating professional providers for services rendered to Standard beneficiaries. In double coverage situations, normal double coverage requirements shall apply.

Note: This special demonstration payment provision does not apply to Prime beneficiaries. Family members of reservists or members of the NG who are called to active duty in support of Operation Noble Eagle/Operation Enduring Freedom and who are enrolled in Prime will be protected when they receive services outside the network under the provisions of [Chapter 8, Section 5](#).

3.4 In order to protect beneficiaries from incurring greater out-of-pocket costs under these special procedures, the beneficiary cost-share for these claims will be limited to what it would have been in the absence of the higher allowable amount under this demonstration. That is, the cost-share is 20% of the lesser of the CHAMPUS Maximum Allowable Charge (CMAC) or the billed charge. Any amounts that are allowed over the CMAC will be paid entirely by TRICARE.

3.5 TED records submitted for these non-participating professional claims that are reimbursed at the lesser of the balance billing limit or the billed charge are to be identified with Pricing Rate Code "W" but only if the allowed amount is greater than the CMAC. If the billed charge equals or is less than the CMAC, Pricing Rate Code "W" is not to be used. On the other hand, when the claim is reimbursed as billed because the billed charge is greater than the CMAC but less than the balance billing limit or the charges are exempt from the balance billing limit, Pricing Rate Code "W" is to be used.

3.6 All Non-Availability Statement (NAS) requirements are waived for beneficiaries identified by DEERS Special Indicator Code "02". TED records submitted for these beneficiaries are to use Care Authorization (CA)/NAS Exception Reason 9, "TRICARE Demonstration Project".

3.7 The TRICARE Standard and Extra deductible is waived for all beneficiaries identified by DEERS Special Indicator Code "02".

4.0 EVALUATION

4.1 The evaluation will assess the impact that the higher payment rates have on beneficiary access to care.

4.2 The evaluation will assess the financial impact of the higher payment rates.

4.3 The evaluation will assess the impact on the continuity of care for beneficiaries whose claims were paid at the higher rates and for whom the NAS requirements were waived.

4.4 The evaluation will assess the financial impact of waiving the deductibles for these beneficiaries.

TRICARE Operations Manual 6010.56-M, February 1, 2008

Chapter 18, **Section 9**

Operation Noble Eagle/Operation Enduring Freedom Reservist And
National Guard (NG) Benefits Demonstration

5.0 EFFECTIVE DATES

This demonstration is effective for claims for services provided on or after September 14, 2001, and before November 1, 2009.

- END -

Web-Based TRICARE Assistance Program (TRIAP) Demonstration

1.0 PURPOSE

The purpose of this Demonstration is to test the use of web-based technologies to get information and Employee-Assistance Program (EAP)-like Behavioral Health (BH) services to our beneficiaries to determine if it increases the effectiveness and efficiency of identifying those who need medically necessary mental health care and in identifying their medical mental health needs earlier and in getting them referred or getting them access to the appropriate level of mental health care more effectively. We are also interested in learning if providing this level of care reduces a later need for mental health care. In addition, this will enable the Department of Defense (DoD) to determine whether:

- The availability to provide web-based EAP-like counseling is a valid mechanism to improve access in rural or underserved areas.
- There is acceptance and use of this delivery system by eligible beneficiaries.
- It is feasible to offer this service on a permanent basis.

2.0 AUTHORITY

2.1 Section 1092, Chapter 55, Title 10 of the United States Code (USC) allows the Secretary of Defense to conduct studies and demonstration projects. This section also specifies that the Secretary may enter into contracts with public or private organizations to conduct these studies and demonstrations.

2.2 In the House Report 2638 DoD Appropriations Act for Fiscal Year (FY) 2009 Joint Explanatory Statement (p.405), Congress stated: "An area of particular interest is the provision of appropriate and accessible counseling of service members and their families who live in locations that are not close to Military Treatment Facilities (MTFs), other Military Health System (MHS) facilities or TRICARE providers. Web-based delivery of counseling has significant potential to offer counseling to personnel who otherwise might not be able to access it. Therefore, the Department is directed to establish and use a web-based Clinical Mental Health Services Program as a way to deliver critical clinical mental health services to service members and their families in rural areas." The ability to provide web-based TRICARE Assistance Program (TRIAP) services is a valid mechanism to augment the basic TRICARE mental health benefit to provide short-term counseling options.

3.0 BACKGROUND

3.1 The DoD currently provides a robust program of mental health care for our Active Duty Service Members (ADSMs) and their families. In addition, the Department offers Military One Source which provides multiple, currently 12, face-to-face BH non-medical counseling sessions for each issue faced by a beneficiary. For those needing medical treatment, BH care is provided in MTFs or through the TRICARE program.

3.2 The Managed Care Support Contractors (MCSCs) currently provide an array of text and multi-media based educational materials targeting pre-deployment, deployment, and post-deployment adjustment concerns. They also have BH Provider Locator and Appointment Assistant Centers staffed with licensed counselors, or beneficiary service representatives and customer service representatives to provide first and second level support, triage, and make appropriate BH referrals and locate providers for beneficiaries. This demonstration project will expand access to on-line contact options including web-based e-mail and video-conferencing to those eligible as indicated in this section to provide TRIAP services which are not otherwise covered as TRICARE authorized medically necessary mental health services.

4.0 DEFINITIONS

4.1 Interactive Telecommunications System

Interactive telecommunications systems are defined as multimedia communications equipment that includes, at a minimum, audio-video equipment permitting two-way, real time service or consultation involving the beneficiary and counselor as appropriate to the BH needs of the patient. Telephone services excluded by [32 CFR 199.4\(g\)\(52\)](#) do not meet the definition of interactive telecommunications services.

4.2 TRIAP Counseling

The DoD goal for professional, web-based assistance services is to provide ADSMs and their families, TRICARE Reserve Select (TRS) enrollees, and Transitional Assistance Management Program (TAMP) beneficiaries with an avenue for private, non-reportable discussion of personal life issues such as family difficulties and pressures, crisis intervention, anxiety, and self-esteem on a one-on-one basis in the context of a confidential relationship with a licensed professional.

4.3 TRIAP Services

Private, non-reportable discussions of personal life issues such as dealing with relationships, crisis intervention, stress management, family issues, parent-child communications, family separations, anxiety, and self-esteem on a one-on-one basis in the context of a confidential relationship with a licensed professional.

5.0 POLICY

5.1 TRIAP services will be provided to ADSMs and their spouses of any age, and their family members 18 years of age or older, and those beneficiaries enrolled in TRS and TAMP 18 years of age or older. A full range of private, confidential, counseling services via the web, including on-line video chat to address current and emerging needs are available.

5.2 Generally, the TRIAP services will support ADSMs and their families, TRS enrollees, and TAMP beneficiaries as it:

- Makes expert short-term, TRIAP services available on demand.
- Helps cope with normal reactions to abnormal/adverse situations.
- Assesses and delivers short-term, solution-focused counseling for situations resulting from commonly occurring life circumstances such as deployment stress, relationships, personal loss, and parent-child communications.
- Provides an avenue for private, non-reportable discussion of personal life issues such as family difficulties and pressures, crisis intervention, anxiety, self-esteem, loneliness, and critical life decisions on a one-on-one basis in the context of a confidential relationship.

6.0 MINIMUM REQUIREMENTS FOR DELIVERY OF TRIAP SERVICES

6.1 If the beneficiary requests assistance services during the initial contact, the contractor shall determine the appropriate level of care required and direct the beneficiary accordingly. If appropriate and the beneficiary possesses the required hardware and software, video assistance services is an option that can be offered. However, the beneficiary must also be offered the alternative of face-to-face care if it is available. If video assistance services are not possible or not appropriate for the beneficiary's needs, referrals for care outside this demonstration to the MTF or network providers can be made (with appropriate authorization). Additionally, referrals can be made to Military One Source for telephonic or face-to-face counseling. If the provider determines that additional TRIAP services are necessary, the first follow-up session will be scheduled within three days of the initial intervention.

6.2 The contractor shall establish protocols and procedures for assessment, referral, and recordkeeping of beneficiaries in need of assistance services.

6.3 All employees, contractors, and subcontractors who will have access to beneficiary information will be advised of the confidential nature of the information, that the records are subject to the requirements of the Privacy Act of 1974, and to the extent applicable the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and that unauthorized disclosures of beneficiary information may result in the imposition of possible criminal penalties.

6.4 Contractor shall establish and maintain a recordkeeping system that is designed to protect the ADSM or family members' and others privacy and confidentiality, as appropriate and required for specific services. Although this TRIAP service is private and confidential, the contractor must keep utilization records which document that confidential and private services have been provided to service members, their families, and others eligible for the demonstration. The counselor must explain to the service member, family member, or other that the personal identification information will be held in strictest confidence by the contractor. The contractor shall post the details of each contact on the recordkeeping system within three business days of the contact.

6.5 The contractor shall capture selective beneficiary contact and demographic information, to include ensuring that beneficiaries meet eligibility criteria, while ensuring beneficiary

confidentiality, in a database and provide monthly reports detailing assistance services that includes at a minimum, the information necessary to provide monthly reports.

6.6 The contractor shall maintain procedures for responding to emergency, urgent, and non-urgent calls. These procedures shall include an immediate response for emergency situations, access to mental health counseling outside of this demonstration within one business day for urgent calls, and access to web-based TRIAP services within three business days for non-urgent calls if the services cannot be provided immediately.

6.7 The contractor shall maintain a counseling model and process flow for triage purposes to determine if TRIAP services are appropriate.

7.0 GENERAL

7.1 There are no referral and authorization requirements for web-based TRIAP services. TRICARE beneficiaries who are eligible for the Demonstration may access this care using Personal Computers (PCs). Current referral rules apply to medically necessary TRICARE authorized mental health care.

7.2 Web-based TRIAP services are available 24 hours a day, seven days a week.

7.3 Web-based interaction such as e-mails, online video chat, or video Instant Message (IM) for TRIAP services is not limited to a certain number of interactions. E-mail may be used to make appointments for assistance services, if needed.

8.0 FUNDING

This demonstration will be reimbursed using administrative funds. There are no claims to be filed.

9.0 AUTHORIZED PROVIDERS

9.1 Web-based TRIAP services may be provided by mental health clinicians who are licensed and authorized to provide these web-based services. State laws must be complied with. In addition to TRICARE-authorized providers, counselors providing web-based TRIAP services could include independently licensed masters prepared clinicians, including, but not limited to, licensed psychotherapists, marriage and family counselors, and licensed professional counselors.

9.2 The contractor will ensure that those providing counseling have knowledge of military family programs and knowledge of the unique cultural aspects of the military lifestyle.

10.0 ELIGIBILITY

10.1 This demonstration is available to ADSMs, ADSM's spouses of any age, their family members 18 years of age or older, those enrolled in TRS, and TAMP beneficiaries. All must reside in the Continental United States (CONUS).

10.2 In the event that a beneficiary Outside the Continental United States (OCONUS) accesses TRIAP services, TRIAP personnel should encourage the beneficiary to utilize other outlets for similar

counseling that have the ability for more immediate follow-up or intervention if necessary. This includes MTFs, combat stress control units, and supervisors/commanders. Military One Source services are available in both CONUS and OCONUS and are a viable referral option. If the TRIAP counselor believes that the ADSM is at-risk of any of the circumstances in which a DoD issuance requires health care providers to notify an ADSM's commander, the counselor shall obtain as much information as possible regarding the individual; i.e., Branch of Service, unit, a contact/call-back number, their location (as precisely as possible), closest MTF (if known) and command information. The TRIAP counselor shall then contact the ADSM's commander (or the commander's designee for receiving protected health information) and inform the commander or designee about the at-risk individual, in order to ensure he or she receives appropriate counseling/care. The circumstances triggering this requirement include, but are not limited to, serious risk of causing harm to oneself or others. The currently applicable DoD issuances are DoD 6025.18-R, C7.11.1 and Directive-Type Memorandum (DTM) 09-006, "Revising Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Military Personnel," July 2, 2009. The requirements of this DTM will be incorporated in DoD 6025.18-R or its successor issuance. In the event the counselor cannot obtain enough information to contact the ADSM's commander, the counselor shall then contact the appropriate Service Operations Center (Army Operations Center, Air Force Watch, Navy Watch Center, Coast Guard Operations Center, or Marine Corps Operations Center) for assistance. The Service Operations Center contact numbers are unclassified but sensitive and will be provided by the Contracting Officer's Representative (COR).

10.3 In the event reservists who lose TRICARE eligibility or are not enrolled in TRS access TRIAP services, TRIAP personnel should encourage the reservist to utilize other outlets for counseling such as community resources or the Department of Veterans Affairs (DVA) if eligible.

11.0 MCSC RESPONSIBILITY

11.1 An assessment made by a licensed professional at the BH Care Provider Locator and Appointment Assistance or Customer Service Staff to determine if web-based professional TRIAP services are appropriate for the beneficiary. If it is, the BH contact center will determine if the beneficiary has the necessary software and hardware (the most currently available technology that meets the requirements of this Demonstration) to support web-based care. If that is the case, the BH Care Provider Locator and Appointment Assistance or Customer Service Staff will instruct the beneficiary on accessing web-based counseling.

11.2 Referral to an appropriate level of care if the beneficiary does not have the necessary hardware or software, or requires care beyond the scope of this Demonstration. This level of care may include a MTF, or a TRICARE network or authorized provider.

11.3 Provide a virtual resource library of electronic documents related to BH/mental health concerns, to include, but not limited to, suicide prevention, post-traumatic stress disorder, and depression.

11.4 Provide a secure, web-based e-mail, online video chat and IM capability.

11.5 When a call is received from an ADSM, the TRIAP counselor shall ask if the caller is on the Personnel Reliability Program (PRP). The purpose of the PRP is to ensure that each person who performs duties involving nuclear weapons meets the reliability standards of the PRP. Each person assigned to PRP duties is responsible for their reliability and is required to report any behavior or

circumstance about themselves or others in the PRP that may be expected to result in degradation in job performance or personal reliability or an unsafe or insecure condition involving nuclear weapons and/or Nuclear Command and Control (NC2) material. If the member responds that he/she is on the PRP, the TRIAP counselor shall read the following statement reminding the member of his or her obligation to self-report any information that could be Potentially Disqualifying Information (PDI) before providing any counseling services.

“As a Personnel Reliability Program (PRP) certified or administrative qualified individual, you are personally responsible for advising your Certifying Official or supervisor of any factors that could have an adverse impact on your performance, reliability, or safety while you are performing PRP duties. This includes factors that impact your physical and mental wellness, your dependability, your personal financial circumstances, or other legal concerns. When you receive any type of medical/dental treatment or evaluation, to include mental health or family related counseling, you are personally responsible for reporting the treatment or evaluation to your Certifying Official and for providing appropriate documentation concerning the treatment or evaluation to the competent medical authority (CMA) at your military treatment facility responsible for consulting with the certifying official on this matter. Failure to make these notifications or to provide the appropriate documentation may cast doubt on your reliability and may violate the provisions of DoD Regulation 5210.42. If you have any questions regarding these requirements you should consult with your Certifying Official for more information.”

11.6 The TRIAP counselor shall document that the statement was read or that it could not be read for any reason including the person hanging up.

11.7 By the 10th of each month, the contractor shall capture and report all service member, family member, TRS enrollee contracts by military service and installation, to include Guard and Reserve member affiliation as described in the Contract Data Requirements List (CDRL) DD Form 1423.

12.0 TRICARE MANAGEMENT ACTIVITY (TMA) RESPONSIBILITY

An independent evaluation of the demonstration will be conducted. It will be performed retrospectively and use a combination of administrative and survey measures of BH care access to provide analyses and comment on the effectiveness of the demonstration in meeting this goal of improving beneficiary access to BH call centers by incorporating web-based technology.

13.0 EFFECTIVE DATES

This demonstration project will be effective for services on or after August 1, 2009. The demonstration project will continue until March 31, 2012.

14.0 EXCLUSIONS

Medical treatment including medication management and psychoanalysis.

- END -

TRICARE South Region United States Coast Guard (USCG) Access To Care (ATC) Demonstration For TRICARE Prime/ TRICARE Prime Remote (TPR) Beneficiaries

1.0 PURPOSE

The purpose of the demonstration project is to determine if the elimination of the requirement to obtain a referral influences beneficiaries to seek care at less intensive health care resources such as a TRICARE authorized Urgent Care Center (UCC), rather than the Emergency Room (ER).

2.0 BACKGROUND

2.1 Access to primary health care for acute episodic primary care continues to be in high demand by TRICARE Prime beneficiaries. The TRICARE manual guidance and process by which Prime beneficiaries currently access primary health care is defined under the [32 CFR 199.17](#) and the TRICARE Policy Manual (TPM), [Chapter 1, Section 8.1](#). The current law and regulations require that Prime beneficiaries obtain a referral for primary or urgent care if they seek that care from someone other than their Primary Care Manager (PCM). As a result, when an enrollee needs urgent care after hours or when the PCM in the Military Treatment Facility (MTF) does not have available appointments they have been seeking care from civilian sources such as the ER or with a UCC, including Convenience Clinics (CCs).

2.2 In an effort to avoid over use of ER care and meet the demand for acute primary care, many facilities have expanded acute care hours within the MTFs or worked with the Managed Care Support Contractors (MCSCs) to utilize provider groups or UCCs in their network. However, these visits require an authorization. Seeking emergency care in an ER does not require authorization. Additionally, the cost of care in a civilian ER for non-emergent reasons is much higher than any other source of care.

3.0 POLICY AND ELIGIBILITY

3.1 Under the demonstration, the USCG Active Duty Service Members (ADSMs) and their family members enrolled in TRICARE Prime or TPR in the TRICARE South Region may access a TRICARE network or TRICARE authorized UCC without prior authorization for up to four urgent care visits per fiscal year, per individual, including services provided when the enrollee is out of the area, without incurring the usual Point of Service (POS) deductibles and cost-shares. Referral requirements for specialty care and inpatient authorizations shall remain as currently required by [Chapter 8, Section 5](#).

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TRICARE South Region United States Coast Guard (USCG) Access To Care (ATC) Demonstration For TRICARE Prime/TRICARE Prime Remote (TPR) Beneficiaries

3.2 The contractor shall educate the ADSM USCG members and their family members to notify their PCM of any urgent/acute care visits outside the PCM within 24 hours of the visit or the first business day following the visit and schedule follow-up treatment, if indicated, with their PCM.

3.3 If more than four visits allowed under the demonstration are used or if the active duty USCG member or their enrolled family members seek care from a non-network provider (other than a TRICARE authorized UCC), the usual POS deductible and cost-shares shall apply with the usual POS exceptions, which include:

- ADSMs;
- Newborns and adopted children during the first 60 days (120 days if overseas) after birth or adoption, emergency care, clinical preventive services from a network provider;
- The first eight outpatient Behavioral Health Care (BHC) visits to a network provider per fiscal year (October 1st - September 30th); and
- Beneficiaries with Other Health Insurance (OHI).

4.0 GENERAL DESCRIPTION OF ADMINISTRATIVE PROCESS

4.1 Referral (authorization) requirements for up to four urgent care visits per fiscal year, per individual, shall be waived for all TRICARE South Region USCG Prime enrolled ADSMs and Active Duty Family Members (ADFM) when services are rendered by a TRICARE network or TRICARE authorized UCC with the following primary specialty designations:

- Family Practice;
- Internal Medicine;
- General Practice;
- Pediatrician; and
- UCC or CC.

Note: In accordance with TPM, [Chapter 1, Section 8.1](#), Obstetricians/Gynecologists (OB/GYNs), Physician Assistants (PAs), Nurse Practitioners (NPs), and Certified Nurse Midwives (CNMs) can be considered Primary Care Providers (PCPs) and may be designated PCMs too.

4.2 All claims shall be vouchered and paid as prescribed by policy for underwritten and non-underwritten care.

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Demonstration For TRICARE Prime/TRICARE Prime Remote (TPR) Beneficiaries

5.0 ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS) (ASD(HA)) AND TRICARE MANAGEMENT ACTIVITY (TMA) RESPONSIBILITIES

ASD(HA) is the designated Executive Agent for the demonstration project. The Medical Director of the TRICARE Regional Office-South (TRO-S) will be designated as the project officer for the demonstration.

6.0 MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES

6.1 The contractor shall verify the TRICARE eligibility of the patient on the Defense Enrollment Eligibility Reporting System (DEERS).

6.2 The contractor shall maintain sufficient staffing and management support services necessary to achieve and maintain compliance with all quantitative and qualitative standards for claims processing timeliness, claims inventory levels, claims control, and claims accuracy as required within the TRICARE manuals.

6.3 By the 15th of the month, the contractor shall provide a monthly report as described in the Contract Data Requirements List (CDRL) DD Form 1423 and submit the information to the RD, TRO-S.

7.0 APPLICABILITY

This demonstration is limited to USCG ADSMs and their family members enrolled in TRICARE Prime and TPR in the 10 states that comprise TRICARE South Region.

8.0 EXCLUSIONS

This demonstration does not apply to referral requirements for specialty care and inpatient authorizations shall remain as currently required by [Chapter 8, Section 5](#).

9.0 EFFECTIVE DATE

This demonstration is effective for claims for services provided in accordance with this section for a 24 month period from the implementation date.

- END -

Participation Agreement For **Autism Demonstration**
Corporate Services Provider (**ACSP**)

NAME OF ACSP:

ADDRESS:

TELEPHONE:

**TAX IDENTIFICATION NUMBER
(TIN) OR SOCIAL SECURITY
NUMBER (SSN):**

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Participation Agreement For Autism Demonstration Corporate Services Provider (ACSP)

ARTICLE 1

RECITALS

1.1 IDENTIFICATION OF PARTIES

This Autism Demonstration Corporate Services Provider (ACSP) Participation Agreement ("Participation Agreement") is between the United States of America through the TRICARE Management Activity (TMA), a field activity of the Office of the Assistant Secretary of Defense (Health Affairs) (OASD(HA)) and _____, doing business as _____ (hereinafter "ACSP").

1.2 AUTHORITY FOR ACSPs AS TRICARE-AUTHORIZED PROVIDERS

The authority to designate ACSPs as authorized TRICARE providers resides with the Department of Defense (DoD) Demonstration authority under 10 U.S.C. 1092. This authority ceases upon termination of the Enhanced Access to Autism Services Demonstration Project ("Demonstration") as determined by the Director, TMA or designee.

1.3 PURPOSE OF PARTICIPATION AGREEMENT

The purpose of this Participation Agreement is to:

(a) Establish the undersigned ACSP as an authorized provider of Educational Interventions for Autism Spectrum Disorders (EIA) services;

(b) Establish the terms and conditions that the undersigned ACSP must meet to be an authorized provider under the Demonstration.

ARTICLE 2

REFERENCES

2.1 REQUIREMENTS

By reference, the requirements set forth in the TRICARE Operations Manual (TOM), [Chapter 18, Section 8](#), are incorporated into this Participation Agreement and shall have the same force and effect as if fully set out herein.

2.2 GENERAL AGREEMENT

The undersigned ACSP agrees to render appropriate EIA services to eligible beneficiaries as specified in the TOM, [Chapter 18, Section 8](#).

ARTICLE 3

REIMBURSEMENT

3.1 Claims for Demonstration services will be submitted on a Centers for Medicare and Medicaid Services (CMS) 1500 (08/05) by the ACSP in accordance with the TOM, [Chapter 18, Section 8, paragraph 9.0](#).

3.2 The ACSP shall:

(a) Submit claims to the appropriate TRICARE Managed Care Support Contractor (MCSC) in accordance with [paragraph 3.1](#) and the TOM, [Chapter 18, Section 8](#); and

(b) Collect the monthly sponsor cost-share specified in the TRICARE Policy Manual (TPM), [Chapter 9, Section 16.1](#); and

(c) Not bill the sponsor/beneficiary for:

(1) Services for which the provider is entitled to TRICARE reimbursement; and

(2) Services that are denied due to provider non-compliance with all applicable requirements in the TOM, [Chapter 18, Section 8](#).

ARTICLE 4

TERM, TERMINATION, AND AMENDMENT

4.1 TERM

The term of this agreement shall begin on the date this agreement is signed and shall continue in effect until terminated or superseded as specified herein.

4.2 TERMINATION OF AGREEMENT BY TMA

(a) The Director, TMA or designee, may terminate this agreement upon written notice, for cause, if the ACSP is found not to be in compliance with the provisions set forth in [32 CFR 199.6](#), or is determined to be subject to the administrative remedies involving fraud, abuse, or conflict of interest as set forth in [32 CFR 199.9](#). Such written notice of termination shall be an initial determination for purposes of the appeal procedures set forth in [32 CFR 199.10](#).

(b) In addition, the Director, TMA or designee, may terminated this agreement without cause by giving the ACSP written notice not less than 45 days prior to the effective date of such termination.

4.3 TERMINATION OF AGREEMENT BY THE ACSP

The ACSP may terminate this agreement by giving the Director, TMA or designee, written notice not less than 45 days prior to the effective date of such termination. Effective the date of

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Participation Agreement For Autism Demonstration Corporate Services Provider (ACSP)

termination, the ACSP will cease being a TRICARE-authorized provider of Demonstration services. Subsequent to termination, an ACSP may be reinstated as a TRICARE- authorized provider of Demonstration services only by entering into a new Participation Agreement.

4.4 AMENDMENT BY TMA

(a) The Director, TMA or designee, may amend the terms of this Participation Agreement by giving 120 days notice in writing of the proposed amendment(s) except when necessary to amend this agreement from time to time to incorporate changes to the 32 CFR 199. When changes or modifications to this agreement result from changes to the 32 CFR 199 through rulemaking procedures, the Director, TMA or designee, is not required to give 120 days written notice. Any such changes to 32 CFR 199 shall automatically be incorporated herein on the date the regulation amendment is effective.

(b) An ACSP who does not accept the proposed amendment(s), including any amendment resulting from changes to 32 CFR 199 accomplished through rulemaking procedures, may terminate its participation as provided for in this Article. However, if the ACSP notice of intent to terminate its participation is not given at least 30 days prior to the effective date of the proposed amendment(s), the proposed amendment(s) shall be incorporated into this agreement for services furnished by the ACSP between the effective date of the amendment(s) and the effective date of termination of this agreement.

ARTICLE 5

EFFECTIVE DATE

5.1 DATE SIGNED

This Participation Agreement is effective on the date signed by the Director, TMA or designee.

TMA

ACSP

By: Typed Name and Title

By: Typed Name and Title

Executed on _____, 20____

- END -

Transitional Assistance Management Program (TAMP)

1.0 GENERAL

All TRICARE requirements regarding the Transitional Assistance Management Program (TAMP) shall apply to the TRICARE Overseas Program (TOP) unless specifically waived or superseded by 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 the TRICARE Policy Manual (TPM), [Chapter 10, Section 5.1](#) for additional instructions. For purposes of TOP implementation, all references to TRICARE Prime in these sections shall apply to TOP Prime, all references to TRICARE Prime Remote (TPR) and TRICARE Prime Remote for Active Duty Family Members (TPRADFM) shall apply to TOP Prime Remote, all references to TRICARE Standard shall apply to TOP Standard, and all references to Managed Care Support Contractors (MCSCs) shall apply to the TOP contractor.

2.0 ELIGIBILITY

2.1 TAMP eligible beneficiaries are eligible for the TOP per the enrollment provisions described below.

2.2 The TOP contractor is responsible for determination of TRICARE eligibility during the TAMP period based on eligibility in the Defense Enrollment Eligibility Reporting System (DEERS).

2.3 The military services are responsible for eligibility entries/updates in DEERS.

3.0 ENROLLMENT

3.1 The provisions of TPM, [Chapter 10, Section 5.1](#) regarding the "twentieth of the month rule" for enrollment are waived for the TOP. New enrollments for TOP Prime are normally effective on the date the application is signed. Refer to [Section 5](#) for additional guidance.

3.2 TAMP eligibles who were enrolled in TOP Prime immediately prior to their change in status may continue their enrollment in TOP Prime with no break in coverage. A reenrollment application must be completed prior to the TAMP expiration period in order to continue with TOP Prime. The effective date shall be the date the sponsor separated from active duty, as the intent is to ensure that TOP Prime coverage is seamless.

3.3 10 USC 1145 authorized Military Treatment Facility (MTF) and Civilian Health Care (CHC) for certain Reserve Component (RC) personnel "in the same manner" and "subject to the same rates and conditions" as a dependent of an Active Duty Service Member (ADSM) during the TAMP eligibility period. Transitioning RC personnel who were ordered to active duty under Executive Order 13223, 10 USC 12302, 10 USC 12301(d), or 32 USC 502(f) may either continue in TOP Prime or enroll during the TAMP period per the provisions of 10 USC 1145.

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3.4 RC family members who were eligible for TOP Prime during the member's activation may either continue in TOP Prime or enroll during the TAMP period per the provisions of the TRICARE Reserve Family Demonstration Project.

3.5 RC family members who were not eligible for TOP Prime enrollment during the member's activation (e.g., the member was not ordered to active duty for more than 30 days, or the dependents were not Command Sponsored to accompany the member in their overseas assignment) are not eligible to enroll in TOP Prime during the TAMP period.

3.6 TAMP-eligible members and family members who are not eligible for TOP Prime, or who choose not to enroll in TOP Prime upon change in status, will have eligibility under TOP Standard.

3.7 TAMP beneficiaries may not enroll in TOP Prime Remote.

- END -

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Appendix A

Acronyms And Abbreviations

EGHP	Employer Group Health Plan
E/HPC	Enrollment/Health Plan Code
EHHC	ECHO Home Health Care Extended Care Health Option Home Health Care
EHP	Employee Health Program
EHRA	European Heart Rhythm Association
EIA	Educational Interventions for Autism Spectrum Disorders
EID	Early Identification Enrollment Information for Dental
EIDS	Executive Information and Decision Support
EIN	Employer Identification Number
EIP	External Infusion Pump
EKG	Electrocardiogram
ELN	Element Locator Number
ELISA	Enzyme-Linked Immunoabsorbent Assay
E/M	Evaluation and Management
EMC	Electronic Media Claim Enrollment Management Contractor
EMDR	Eye Movement Desensitization and Reprocessing
EMG	Electromyogram
EMTALA	Emergency Medical Treatment & Active Labor Act
ENTNAC	Entrance National Agency Check
EOB	Explanation of Benefits
EOBs	Explanations of Benefits
EOC	Episode of Care
EOE	Evoked Otoacoustic Emission
EOG	Electro-oculogram
EOMB	Explanation of Medicare Benefits
ePHI	electronic Protected Health Information
EPO	Erythropoietin Exclusive Provider Organization
EPR	EIA Program Report
EPROM	Erasable Programmable Read-Only Memory
ER	Emergency Room
ERISA	Employee Retirement Income and Security Act of 1974
ESRD	End Stage Renal Disease
EST	Eastern Standard Time
ESWT	Extracorporeal Shock Wave Therapy
ET	Eastern Time
ETIN	Electronic Transmitter Identification Number
EWPS	Enterprise Wide Provider System
EWRAS	Enterprise Wide Referral and Authorization System
F&AO	Finance and Accounting Office(r)

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Appendix A

Acronyms And Abbreviations

FAI	Femoroacetabular Impingement
FAP	Familial Adenomatous Polyposis
FAR	Federal Acquisition Regulations
FASB	Federal Accounting Standards Board
FBI	Federal Bureau of Investigation
FCC	Federal Communications Commission
FCCA	Federal Claims Collection Act
FDA	Food and Drug Administration
FDB	First Data Bank
FDL	Fixed Dollar Loss
Fed	Federal Reserve Bank
FEHBP	Federal Employee Health Benefit Program
FEL	Familial Erythrophagocytic Lymphohistiocytosis
FEV ₁	Forced Expiratory Volume
FFM	Foreign Force Member
FHL	Familial Hemophagocytic Lymphohistiocytosis
FI	Fiscal Intermediary
FIPS	Federal Information Processing Standards (or System)
FIPS PUB	FIPS Publication
FISH	Fluorescence In Situ Hybridization
FISMA	Federal Information Security Management Act
FL	Form Locator
FMCRA	Federal Medical Care Recovery Act
FMRI	Functional Magnetic Resonance Imaging
FOBT	Fecal Occult Blood Testing
FOC	Full Operational Capability
FOIA	Freedom of Information Act
FPO	Fleet Post Office
FQHC	Federally Qualified Health Center
FR	Federal Register Frozen Records
FRC	Federal Records Center
FSO	Facility Security Officer
FTE	Full Time Equivalent
FTP	File Transfer Protocol
FX	Foreign Exchange (lines)
FY	Fiscal Year
GAAP	Generally Accepted Accounting Principles
GAO	General Accounting Office
GBL	Government Bill of Lading
GDC	Guglielmi Detachable Coil
GFE	Government Furnished Equipment

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Appendix A

Acronyms And Abbreviations

GHP	Group Health Plan
GHz	Gigahertz
GIFT	Gamete Intrafallopian Transfer
GIQD	Government Inquiry of DEERS
GP	General Practitioner
GPCI	Geographic Practice Cost Index
H/E	Health and Environment
HAC	Health Administration Center Hospital Acquired Condition
HAVEN	Home Assessment Validation and Entry
HBA	Health Benefits Advisor
HBO	Hyperbaric Oxygen Therapy
HCC	Health Care Coverage
HCDP	Health Care Delivery Program
HCF	Health Care Finder
HCFA	Health Care Financing Administration
HCG	Human Chorionic Gonadotropin
HCIL	Health Care Information Line
HCM	Hypertrophic Cardiomyopathy
HCO	Healthcare Operations Division
HCP	Health Care Provider
HCPC	Healthcare Common Procedure Code (formerly HCFA Common Procedure Code)
HCPCS	Healthcare Common Procedure Coding System (formerly Healthcare Common Procedure Coding System)
HCPR	Health Care Provider Record
HCSR	Health Care Service Record
HDC	High Dose Chemotherapy
HDC/SCR	High Dose Chemotherapy with Stem Cell Rescue
HDGC	Hereditary Diffuse Gastric Cancer
HDL	Hardware Description Language
HEAR	Health Enrollment Assessment Review
HEDIS	Health Plan Employer Data and Information Set
HepB-Hib	Hepatitis B and Hemophilus influenza B
HHA	Home Health Agency
HHA PPS	Home Health Agency Prospective Payment System
HHC	Home Health Care
HHC/CM	Home Health Care/Case Management
HHRG	Home Health Resource Group
HHS	Health and Human Services
HI	Health Insurance
HIAA	Health Insurance Association of America
HIC	Health Insurance Carrier

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Appendix A

Acronyms And Abbreviations

HICN	Health Insurance Claim Number
HINN	Hospital-Issued Notice Of Noncoverage
HINT	Hearing in Noise Test
HIPAA	Health Insurance Portability and Accountability Act (of 1996)
HIPEC	Hyperthermic Intraperitoneal Chemotherapy
HIPPS	Health Insurance Prospective Payment System
HIQH	Health Insurance Query for Health Agency
HIV	Human Immunodeficiency Virus
HL7	Health Level 7
HLA	Human Leukocyte Antigen
HMAC	Hash-Based Message Authentication Code
HMO	Health Maintenance Organization
HNPCC	Hereditary Non-Polyposis Colorectal Cancer
HOPD	Hospital Outpatient Department
HPA&E	Health Program Analysis & Evaluation
HPSA	Health Professional Shortage Area
HPV	Human Papilloma Virus
HRA	Health Reimbursement Arrangement
HRG	Health Resource Group
HRS	Heart Rhythm Society
HRT	Heidelberg Retina Tomograph Hormone Replacement Therapy
HSCRC	Health Services Cost Review Commission
HTML	HyperText Markup Language
HTTP	HyperText Transfer (Transport) Protocol
HTTPS	Hypertext Transfer (Transport) Protocol Secure
HUAM	Home Uterine Activity Monitoring
HUD	Humanitarian Use Device
HUS	Hemolytic Uremic Syndrome
HVPT	Hyperventilation Provocation Test
IA	Information Assurance
IATO	Interim Approval to Operate
IAVA	Information Assurance Vulnerability Alert
IAVB	Information Assurance Vulnerability Bulletin
IAVM	Information Assurance Vulnerability Management
IAW	In accordance with
IBD	Inflammatory Bowel Disease
IC	Individual Consideration Integrated Circuit
ICASS	International Cooperative Administrative Support Services
ICD	Implantable Cardioverter Defibrillator
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification

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Appendix A

Acronyms And Abbreviations

ICF	Intermediate Care Facility
ICMP	Individual Case Management Program
ICMP-PEC	Individual Case Management Program For Persons With Extraordinary Conditions
ICN	Internal Control Number
ICSP	Individual Corporate Services Provider
ID	Identification Identifier
IDB	Intradiscal Biacuplasty
IDD	Internal or Intervertebral Disc Decompression
IDE	Investigational Device Exemption Investigational Device
IDEA	Individuals with Disabilities Education Act
IDES	Integrated Disability Evaluation System
IDET	Intradiscal Electrothermal Therapy
IDME	Indirect Medical Education
IdP	Identity Protection
IDTA	Intradiscal Thermal Annuloplasty
IE	Interface Engine Internet Explorer
IEA	Intradiscal Electrothermal Annuloplasty
IEP	Individualized Educational Program
IFSP	Individualized Family Service Plan
IG	Implementation Guidance
IgA	Immunoglobulin A
IGCE	Independent Government Cost Estimate
IHI	Institute for Healthcare Improvement
IHS	Indian Health Service
IIHI	Individually Identifiable Health Information
IIP	Implantable Infusion Pump
IM	Information Management Instant Message/Messaging Intramuscular
IMRT	Intensity Modulated Radiation Therapy
IND	Investigational New Drugs
INR	International Normalized Ratio Intramuscular International Normalized Ratio
INS	Immigration and Naturalization Service
IOC	Initial Operational Capability
IOD	Interface Operational Description
IOLs	Intraocular Lenses
IOM	Internet Only Manual
IORT	Intra-Operative Radiation Therapy
IP	Inpatient

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Acronyms And Abbreviations

IPC	Information Processing Center (outdated term, see SMC)
IPHC	Intraperitoneal Hyperthermic Chemotherapy
IPN	Intraperitoneal Nutrition
IPP	In-Person Proofing
IPPS	Inpatient Prospective Payment System
IPS	Individual Pricing Summary
IPSEC	Secure Internet Protocol
IQ	Intelligence Quotient
IQM	Internal Quality Management
IRB	Institutional Review Board
IRR	Individual Ready Reserve
IRS	Internal Revenue Service
IRTS	Integration and Runtime Specification
IS	Information System
ISN	Investigation Schedule Notice
ISO	International Standard Organization
ISP	Internet Service Provider
IT	Information Technology
ITSEC	Information Technology Security Evaluation Criteria
IV	Initialization Vector Intravenous
IVF	In Vitro Fertilization
JC	Joint Commission (formerly Joint Commission on Accreditation of Healthcare Organizations (JCAHO))
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JCOS	Joint Chiefs of Staff
JFTR	Joint Federal Travel Regulations
JNI	Japanese National Insurance
JTF-GNO	Joint Task Force for Global Network Operations
JUSDAC	Joint Uniformed Services Dental Advisory Committee
JUSMAC	Joint Uniformed Services Medical Advisory Committee
JUSPAC	Joint Uniformed Services Personnel Advisory Committee
KB	Knowledge Base
KO	Contracting Officer
LAA	Limited Access Authorization
LAC	Local Agency Check
LAK	Lymphokine-Activated Killer
LAN	Local Area Network
LASER	Light Amplification by Stimulated Emission of Radiation
LCF	Long-term Care Facility
LCIS	Lobular Carcinoma In Situ
LDL	Low Density Lipoprotein

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LDLT	Living Donor Liver Transplantation
LDR	Low Dose Rate
LLLT	Low Level Laser Therapy
LNT	Lexical Neighborhood Test
LOC	Letter of Consent
LOD	Letter of Denial/Revocation Line of Duty
LOI	Letter of Intent
LOS	Length-of-Stay
LOT	Life Orientation Test
LPN	Licensed Practical Nurse
LSIL	Low-grade Squamous Intraepithelial Lesion
LSN	Location Storage Number
LTC	Long-Term Care
LUPA	Low Utilization Payment Adjustment
LV	Left Ventricle [Ventricular]
LVEF	Left Ventricular Ejection Fraction
LVN	Licensed Vocational Nurse
LVRS	Lung Volume Reduction Surgery
MAC	Maximum Allowable Charge Maximum Allowable Cost
MAC III	Mission Assurance Category III
MAID	Maximum Allowable Inpatient Day
MB&RB	Medical Benefits and Reimbursement Branch
MBI	Molecular Breast Imaging
MCIO	Military Criminal Investigation Organization
MCS	Managed Care Support
MCSC	Managed Care Support Contractor
MCSS	Managed Care Support Services
MCTDP	Myelomeningocele Clinical Trial Demonstration Protocol
MD	Doctor of Medicine
MDI	Mental Developmental Index Multiple Daily Injection
MDR	MHS Data Repository
MDS	Minimum Data Set
MEB	Medical Evaluation Board
MEC	Marketing and Education Committee
MEI	Medicare Economic Index
MEPS	Military Entrance Processing Station
MEPRS	Medical Expense Performance Reporting System
MET	Microcurrent Electrical Therapy
MFCC	Marriage and Family Counseling Center
MGCRB	Medicare Geographic Classification Review Board

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MGIB	Montgomery GI Bill
MH	Mental Health
MHO	Medical Holdover
MHS	Military Health System
MHSO	Managing Health Services Organization
MHSS	Military Health Services System
MI	Myocardial Infarction
MI&L	Manpower, Installations, and Logistics
MIA	Missing In Action
MIAP	Multi-Host Internet Access Portal
MIDCAB	Minimally Invasive Direct Coronary Artery Bypass
MIRE	Monochromatic Infrared Energy
MLNT	Multisyllabic Lexical Neighborhood Test
MMA	Medicare Modernization Act
MMP	Medical Management Program
MMSO	Military Medical Support Office
MMWR	Morbidity and Mortality Weekly Report
MNR	Medical Necessity Report
MOA	Memorandum of Agreement
MOMS	Management of Myelomeningocele Study
MOP	Mail Order Pharmacy
MOU	Memorandum of Understanding
MPI	Master Patient Index
MR	Magnetic Resonance Medical Review Mentally Retarded
MRA	Magnetic Resonance Angiography
MRHFP	Medicare Rural Hospital Flexibility Program
MRI	Magnetic Resonance Imaging
MRPU	Medical Retention Processing Unit
MS	Microsoft®
MSA	Metropolitan Statistical Area
MSC	Military Sealift Command
MSIE	Microsoft® Internet Explorer
MSP	Medicare Secondary Payer
MST	Mountain Standard Time
MSUD	Maple Syrup Urine Disease
MSW	Masters of Social Work Medical Social Worker
MT	Mountain Time
MTF	Military Treatment Facility
MUE	Medically Unlikely Edits
MV	Multivisceral (transplant)

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MVS	Multiple Virtual Storage
MWR	Morale, Welfare, and Recreation
N/A	Not Applicable
N/D	No Default
NAC	National Agency Check
NACI	National Agency Check Plus Written Inquiries
NACLC	National Agency Check with Law Enforcement and Credit
NADFM	Non-Active Duty Family Member
NARA	National Archives and Records Administration
NAS	Naval Air Station
	Non-Availability Statement
NATO	North Atlantic Treaty Organization
NAVMED	Naval Medical (Form)
NBCC	National Board of Certified Counselors
NCCI	National Correct Coding Initiatives
NCF	National Conversion Factor
NCI	National Cancer Institute
NCPAP	Nasal Continuous Positive Airway Pressure
NCPDP	National Council of Prescription Drug Program
NCQA	National Committee for Quality Assurance
NCVHS	National Committee on Vital and Health Statistics
NDAA	National Defense Authorization Act
NDC	National Drug Code
NDMS	National Disaster Medical System
NED	National Enrollment Database
NETT	National Emphysema Treatment Trial
NF	Nursing Facility
NGPL	No Government Pay List
NHLBI	National Heart, Lung and Blood Institute
NHSC	National Health Service Corps
NICHD	National Institute of Child Health and Human Development
NIH	National Institutes of Health
NII	Networks and Information Integration
NIPRNET	Nonsecure Internet Protocol Router Network
NIS	Naval Investigative Service
NISPOM	National Industrial Security Program Operating Manual
NIST	National Institute of Standards and Technology
NLT	No Later Than
NMES	Neuromuscular Electrical Stimulation
NMOP	National Mail Order Pharmacy
NMR	Nuclear Magnetic Resonance
NMT	Nurse Massage Therapist

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NOAA	National Oceanic and Atmospheric Administration
NoPP	Notice of Private Practices
NOSCASTC	National Operating Standard Cost as a Share of Total Costs
NP	Nurse Practitioner
NPDB	National Practitioner Data Bank
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
NPR	Notice of Program Reimbursement
NPS	Naval Postgraduate School
NPWT	Negative Pressure Wound Therapy
NQF	National Quality Forum
NRC	Nuclear Regulatory Commission
NRS	Non-Routine [Medical] Supply
NSDSMEP	National Standards for Diabetes Self-Management Education Programs
NTIS	National Technical Information Service
NUBC	National Uniform Billing Committee
NUCC	National Uniform Claims Committee
O/ATIC	Operations/Advanced Technology Integration Center
OA	Office of Administration
OASD(HA)	Office of the Assistant Secretary of Defense (Health Affairs)
OASD (H&E)	Office of the Assistant Secretary of Defense (Health and Environment)
OASD (MI&L)	Office of the Assistant Secretary of Defense (Manpower, Installations, and Logistics)
OASIS	Outcome and Assessment Information Set
OB/GYN	Obstetrician/Gynecologist
OBRA	Omnibus Budget Reconciliation Act
OCE	Outpatient Code Editor
OCHAMPUS	Office of Civilian Health and Medical Program of the Uniformed Services
OCMO	Office of the Chief Medical Officer
OCONUS	Outside of the Continental United States
OCR	Office of Civil Rights
OCSP	Organizational Corporate Services Provider
OCT	Optical Coherence Tomograph
OD	Optical Disk
OF	Optional Form
OGC	Office of General Counsel
OGC-AC	Office of General Counsel-Appeals, Hearings & Claims Collection Division
OGP	Other Government Program
OHI	Other Health Insurance
OHS	Office of Homeland Security
OIG	Office of Inspector General
OMB	Office of Management and Budget

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OP/NSP	Operation/Non-Surgical Procedure
OPD	Outpatient Department
OPM	Office of Personnel Management
OPPS	Outpatient Prospective Payment System
OR	Operating Room
OSA	Obstructive Sleep Apnea
OSAS	Obstructive Sleep Apnea Syndrome
OSD	Office of the Secretary of Defense
OSHA	Occupational Safety and Health Act
OSS	Office of Strategic Services
OT	Occupational Therapy (Therapist)
OTC	Over-The-Counter
OUSD	Office of the Undersecretary of Defense
OUSD (P&R)	Office of the Undersecretary of Defense (Personnel and Readiness)
P/O	Prosthetic and Orthotics
P&T	Pharmacy And Therapeutics (Committee)
PA	Physician Assistant
PACAB	Port Access Coronary Artery Bypass
PACO ₂	Partial Pressure of Carbon Dioxide
PAO ₂	Partial Pressure of Oxygen
PAK	Pancreas After Kidney (transplant)
PAP	Papanicolaou
PAT	Performance Assessment Tracking
PatID	Patient Identifier
PAVM	Pulmonary Arteriovenous Malformation
PBM	Pharmacy Benefit Manager
PC	Peritoneal Carcinomatosis Personal Computer Professional Component
PCA	Patient Controlled Analgesia
PCDIS	Purchased Care Detail Information System
PCI	Percutaneous Coronary Intervention
PCM	Primary Care Manager
PCMBN	PCM By Name
PCMRA	PCM Research Application
PCMRS	PCM Panel Reassignment (Application) PCM Reassignment System
PCO	Procurement (Procuring) Contracting Officer
PCP	Primary Care Physician Primary Care Provider
PCS	Permanent Change of Station
PCSIB	Purchased Care Systems Integration Branch
PD	Passport Division

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PDA	Patent Ductus Arteriosus Personal Digital Assistant
PDD	Percutaneous (or Plasma) Disc Decompression
PDDBI	Pervasive Developmental Disorders Behavior Inventory
PDDNOS	Pervasive Developmental Disorder Not Otherwise Specified
PDF	Portable Document Format
PDI	Potentially Disqualifying Information
PDQ	Physicians's Data Query
PDR	Person Data Repository
PDS	Person Demographics Service
PDTS	Pharmacy Data Transaction System
PDX	Principal Diagnosis
PE	Physical Examination
PEC	Pharmacoeconomic Center
PEP	Partial Episode Payment
PEPR	Patient Encounter Processing and Reporting
PERMS	Provider Education and Relations Management System
PET	Positron Emission Tomography
PFCRA	Program Fraud Civil Remedies Act
PFP	Partnership For Peace
PFPWD	Program for Persons with Disabilities
Phen-Fen	Pondimin and Redux
PHI	Protected Health Information
PHIMT	Protected Health Information Management Tool
PHP	Partial Hospitalization Program
PHS	Public Health Service
PI	Program Integrity (Office)
PIA	Privacy Impact Assessment (Online)
PIC	Personnel Investigation Center
PIE	Pulsed Irrigation Evacuation
PIN	Personnel Identification Number
PIP	Personal Injury Protection Personnel Identity Protection
PIRFT	Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT)
PIT	PCM Information Transfer
PIV	Personal Identity Verification
PK	Public Key
PKE	Public Key Enabling
PKI	Public Key Infrastructure
PKU	Phenylketonuria
PLS	Preschool Language Scales
PM-DRG	Pediatric Modified-Diagnosis Related Group

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PMPM	Per Member Per Month
PMR	Percutaneous Myocardial Laser Revascularization
PNET	Primitive Neuroectodermal Tumors
PNT	Policy Notification Transaction
POA	Power of Attorney Present On Admission
POA&M	Plan of Action and Milestones
POC	Pharmacy Operations Center Plan of Care Point of Contact
POL	May 1996 TRICARE/CHAMPUS Policy Manual 6010.47-M
POS	Point of Sale (Pharmacy only) Point of Service Public Official's Statement
POV	Privately Owned Vehicle
PPACA	Patient Protection and Affordable Care Act
PPD	Per Patient Day
PPN	Preferred Provider Network
PPO	Preferred Provider Organization
PPP	Purchasing Power Parity
PPS	Prospective Payment System Ports, Protocols and Services
PPSM	Ports, Protocols, and Service Management
PPV	Pneumococcal Polysaccharide Vaccine
PQI	Potential Quality Indicator Potential Quality Issue
PR	Periodic Reinvestigation
PRC	Program Review Committee
PRFA	Percutaneous Radiofrequency Ablation
PRG	Peer Review Group
PRO	Peer Review Organization
ProDUR	Prospective Drug Utilization Review
PROM	Programmable Read-Only Memory
PRP	Personnel Reliability Program
PRPP	Pharmacy Redesign Pilot Project
PSA	Prime Service Area Physician Scarcity Area
PSAB	Personnel Security Appeals Board
PSCT	Peripheral Stem Cell Transplantation
PSD	Personnel Security Division
PSG	Polysomnography
PSI	Personnel Security Investigation
PST	Pacific Standard Time

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PT	Pacific Time Physical Therapist Physical Therapy Prothrombin Time
PTA	Pancreas Transplant Alone Percutaneous Transluminal Angioplasty
PTC	Processed To Completion
PTCA	Percutaneous Transluminal Coronary Angioplasty
PTK	Phototherapeutic Keratectomy
PTNS	Posterior Tibial Nerve Stimulation
PTSD	Post-Traumatic Stress Disorder
PVCs	Premature Ventricular Contractions
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement Quality Issue
QII	Quality Improvement Initiative
QIO	Quality Improvement Organization
QIP	Quality Improvement Program
QLE	Qualifying Life Event
QM	Quality Management
QUIG	Quality Indicator Group
RA	Radiofrequency Annuloplasty Remittance Advice
RADDP	Remote Active Duty Dental Program
RAM	Random Access Memory
RAP	Request for Anticipated Payment
RAPIDS	Real-Time Automated Personnel Identification System
RC	Reserve Component
RCC	Recurring Credit/Debit Charge
RCCPDS	Reserve Component Common Personnel Data System
RCN	Recoupment Case Number Refund Control Number
RCS	Report Control Symbol
RD	Regional Director Registered Dietitian
RDBMS	Relational Database Management System
RDDDB	Reportable Disease Database
REM	Rapid Eye Movement
RF	Radiofrequency
RFA	Radiofrequency Ablation
RFI	Request For Information
RFP	Request For Proposal

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RHC	Rural Health Clinic
RHHI	Regional Home Health Intermediary
RhoGAM	RRho (D) Immune Globulin
RN	Registered Nurse
RNG	Random Number Generator
RO	Regional Office
ROC	Resumption of Care
ROFR	Right of First Refusal
ROM	Read-Only Memory Rough Order of Magnitude
ROT	Read-Only Table
ROTC	Reserved Officer Training Corps
ROVER	RHHI OASIS Verification
RPM	Record Processing Mode
RRA	Regional Review Authority
RTC	Residential Treatment Center
rTMS	Repetitive Transcranial Magnetic Stimulation
RUG	Resource Utilization Group
RV	Residual Volume Right Ventricle [Ventricular]
RVU	Relative Value Unit
SAAR	System Authorization Access Request
SAD	Seasonal Affective Disorder
SADMERC	Statistical Analysis Durable Medical Equipment Regional Carrier
SAFE	Sexual Assault Forensic Examination
SAO	Security Assistant Organizations
SAP	Special Access Program
SAPR	Sexual Assault Prevention and Response
SAS	Sensory Afferent Stimulation
SAT	Service Assist Team
SBCC	Service Branch Classification Code
SBI	Special Background Investigation
SCA	Service Contract Act
SCH	Sole Community Hospital
SCHIP	State Children's Health Insurance Program
SCI	Sensitive Compartmented Information Spinal Cord Injury
SCIC	Significant Change in Condition
SCOO	Special Contracts and Operations Office
SCR	Stem Cell Rescue
S/D	Security Division
SD (Form)	Secretary of Defense (Form)
SEP	Sensory Evoked Potentials

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SES	Senior Executive Service
SelRes	Selected Reserve
SF	Standard Form
SFTP	Secure File Transfer Protocol
SGDs	Speech Generating Devices
SHCP	Supplemental Health Care Program
SI	Sensitive Information Small Intestine (transplant) Special Indicator (code) Status Indicator
SIDS	Sudden Infant Death Syndrome
SIF	Source Input Format
SII	Special Investigative Inquiry
SI/L	Small Intestine-Live (transplant)
SIOP-ESI	Single Integrated Operational plan-Extremely Sensitive Information
SIP	System Identification Profile
SIT	Standard Insurance Table
SMC	System Management Center
SNF	Skilled Nursing Facility
SNS	Sacral Nerve Root Stimulation
SOC	Start of Care
SOFA	Status Of Forces Agreement
SOIC	Senior Officer of the Intelligence Community
SON	Submitting Office Number
SOR	Statement of Reasons
SPA	Simple Power Analysis
SPECT	Single Photon Emission Computed Tomography
SPK	Simultaneous Pancreas Kidney (transplant)
SPOC	Service Point of Contact
SPR	SECRET Periodic Reinvestigation
SQL	Structured Query Language
SRE	Serious Reportable Event
SSA	Social Security Act Social Security Administration
SSAA	Social Security Authorization Agreement
SSAN	Social Security Administration Number
SSBI	Single-Scope Background Investigation
SSDI	Social Security Disability Insurance
SSL	Secure Socket Layer
SSM	Site Security Manager
SSN	Social Security Number
SSO	Short-Stay Outlier
ST	Speech Therapy

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STF	Specialized Treatment Facility
STS	Specialized Treatment Services
STSF	Specialized Treatment Service Facility
SUBID	Sub-Identifier
SUDRF	Substance Use Disorder Rehabilitation Facility
SVO	SIT Validation Office
SVT	Supraventricular Tachycardia
SWLS	Satisfaction With Life Scale
TAD	Temporary Additional Duty
TAFIM	Technical Architecture Framework for Information Management
TAMP	Transitional Assistance Management Program
TAO	TRICARE Alaska Office TRICARE Area Office
TAR	Total Ankle Replacement
TARO	TRICARE Alaska Regional Office
TB	Tuberculosis
TBD	To Be Determined
TBE	Tick Borne Encephalitis
TBI	Traumatic Brain Injury
TC	Technical Component
TCP/IP	Transmission Control Protocol/Internet Protocol
TCSRC	Transitional Care for Service-Related Conditions
TDD	Targeted Disc Decompression
TDEFIC	TRICARE Dual Eligible Fiscal Intermediary Contract
TDP	TRICARE Dental Program/Plan
TDY	Temporary Duty
TED	TRICARE Encounter Data
TEE	Transesophageal Echocardiograph [Echocardiography]
TEFRA	Tax Equity and Fiscal Responsibility Act
TEOB	TRICARE Explanation of Benefits
TEPRC	TRICARE Encounter Pricing (Record)
TEPRV	TRICARE Encounter Provider (Record)
TET	Tubal Embryo Transfer
TF	Transfer Factor
TFL	TRICARE For Life
TFMDP	TRICARE (Active Duty) Family Member Dental Plan
TGRO	TRICARE Global Remote Overseas
TGROHC	TGRO Host Country
TIFF	Tagged Imaged File Format
TIL	Tumor-Infiltrating Lymphocytes
TIMPO	Tri-Service Information Management Program Office
TIN	Taxpayer Identification Number

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TIP	Thermal Intradiscal Procedure
TIPS	Transjugular Intrahepatic Portosystemic Shunt
TIS	TRICARE Information Service
TLAC	TRICARE Latin America/Canada
TLC	Total Lung Capacity
TMA	TRICARE Management Activity
TMA-A	TRICARE Management Activity - Aurora
TMAC	TRICARE Maximum Allowable Charge
TMCPA	Temporary Military Contingency Payment Adjustment
TMH	Telemental Health
TMI&S	Technology Management Integration & Standards
TMOP	TRICARE Mail Order Pharmacy
TMR	Transmyocardial Revascularization
TMS	Transcranial Magnetic Stimulation
TNEX	TRICARE Next Generation (MHS Systems)
TNP	Topical Negative Pressure
TOB	Type of Bill
TOE	Target of Evaluation
TOL	TRICARE Online
TOM	August 2002 TRICARE Operations Manual 6010.51-M February 2008 TRICARE Operations Manual 6010.56-M
TOP	TRICARE Overseas Program
TOPO	TRICARE Overseas Program Office
TPA	Third Party Administrator
TPC	Third Party Collections
TPharm	TRICARE Pharmacy
TPL	Third Party Liability
TPM	August 2002 TRICARE Policy Manual 6010.54-M February 2008 TRICARE Policy Manual 6010.57-M
TPN	Total Parenteral Nutrition
TPOCS	Third Party Outpatient Collections System
TPR	TRICARE Prime Remote
TPRADFM	TRICARE Prime Remote Active Duty Family Member
TPRADSM	TRICARE Prime Remote Active Duty Service Member
TPRC	TRICARE Puerto Rico Contract(or)
TQMC	TRICARE Quality Monitoring Contractor
TRDP	TRICARE Retiree Dental Program
TRI	TED Record Indicator
TRIAP	TRICARE Assistance Program
TRM	August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M
TRO	TRICARE Regional Office
TRO-N	TRICARE Regional Office-North

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TRO-S	TRICARE Regional Office-South
TRO-W	TRICARE Regional Office-West
TRPB	TRICARE Retail Pharmacy Benefits
TRR	TRICARE Retired Reserve
TRRx	TRICARE Retail Pharmacy
TRS	TRICARE Reserve Select
TRSA	TRICARE Reserve Select Application
TSC	TRICARE Service Center
TSF	Target of Evaluation Security Functions
TSM	August 2002 TRICARE Systems Manual 7950.1-M February 2008 TRICARE Systems Manual 7950.2-M
TSP	Target of Evaluation Security Policy
TSR	TRICARE Select Reserve
TSRDP	TRICARE Select Reserve Dental Program
TSRx	TRICARE Senior Pharmacy
TSS	TRICARE Senior Supplement
TSSD	TRICARE Senior Supplement Demonstration
TTPA	Temporary Transitional Payment Adjustment
TTY	Teletypewriter
TUNA	Transurethral Needle Ablation
TYA	TRICARE Young Adult
UAE	Uterine Artery Embolization
UARS	Upper Airway Resistance Syndrome
UB	Uniform Bill
UBO	Uniform Business Office
UCBT	Umbilical Cord Blood Stem Cell Transplantation
UCC	Uniform Commercial Code Urgent Care Center
UCCI	United Concordia Companies, Inc.
UCSF	University of California San Francisco
UIC	Unit Identification Code
UIN	Unit Identifier Number
UM	Utilization Management
UMO	Utilization Management Organization
UMP	User Maintenance Portal
UPIN	Unique Physician Identification Number
UPPP	Uvulopalatopharyngoplasty
URFS	Unremarried Former Spouse
URL	Universal Resource Locator
US	Ultrasound United States
USA	United States of America
USACID	United States Army Criminal Investigation Division

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USAF	United States Air Force
USAO	United States Attorneys' Office
USC	United States Code
USCG	United States Coast Guard
USCO	Uniformed Services Claim Office
USD	Undersecretary of Defense
USD (P&R)	Undersecretary of Defense (Personnel and Readiness)
USDI	Undersecretary of Defense for Intelligence
USFHP	Uniformed Services Family Health Plan
USHBP	Uniformed Services Health Benefit Plan
USMC	United States Marine Corps
USMTF	Uniformed Services Medical Treatment Facility
USN	United States Navy
USPDI	United States Pharmacopoeia Drug Information
USPHS	United States Public Health Service
USPS	United States Postal Service
USPSTF	U.S. Preventive Services Task Force
USS	United Seaman's Service
USTF	Uniformed Services Treatment Facility
UV	Ultraviolet
VA	Veterans Affairs (hospital) Veterans Administration
VAC	Vacuum-Assisted Closure
VAD	Ventricular Assist Device
VAMC	VA Medical Center
VATS	Video-Assisted Thoroscopic Surgery
VAX-D	Vertebral Axial Decompression
VD	Venereal Disease
VO	Verifying Office (Official)
VPN	Virtual Private Network
VPOC	Verification Point of Contact
VRDX	Reason Visit Diagnosis
VSAM	Virtual Storage Access Method
VSD	Ventricular Septal Defect
WAC	Wholesale Acquisition Cost
WAN	Wide Area Network
WATS	Wide Area Telephone Service
WC	Worker's Compensation
WebDOES	Web DEERS Online Enrollment System (application)
WEDI	Workgroup for Electronic Data Interchange
WIC	Women, Infants, and Children (Program)
WII	Wounded, Ill, and Injured

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WLAN	Wireless Local Area Network
WORM	Write Once Read Many
WRAMC	Walter Reed Army Medical Center
WTC	World Trade Center
WTRR	Wire Transfer Reconciliation Report
WTU	Warrior Transition Unit
X-Linked SCID	X-Linked Severe Combined Immunodeficiency Syndrome
XML	eXtensible Markup Language
ZIFT	Zygote Intrafallopian Transfer
2D	Two Dimensional
3D	Three Dimensional

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