



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9066

TRICARE
MANAGEMENT ACTIVITY

OD

CHANGE 71
6010.56-M
MARCH 1, 2012

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

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

CHANGE TITLE: EXPANSION OF CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP)

CONREQ: 15206

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change executes National Defense Authorization Act (NDAA) Fiscal Year (FY) 2008, Section 705, which authorized the expansion of persons eligible for the CHCBP under 10 United States Code (USC) Section 1078 to include any person who was authorized coverage under Chapter 55 of 10 USC and who loses that eligibility. It also changes the enrollment period to 60 days for those losing TRICARE Reserve Select (TRS) coverage.

EFFECTIVE DATE: October 17, 2011.

IMPLEMENTATION DATE: May 31, 2012.

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


Reta M. Michak
Director, Operations Division

ATTACHMENT(S): 27 PAGES
DISTRIBUTION: 6010.56-M

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

CHANGE 71
6010.56-M
MARCH 1, 2012

REMOVE PAGE(S)

Table of Contents, page 1

CHAPTER 26

★ ★ ★ ★ ★ ★

★ ★ ★ ★ ★ ★

APPENDIX A

pages 19 through 31

INDEX

pages 1 through 4

INSERT PAGE(S)

Table of Contents, page 1

Table of Contents, page 1

Section 1, pages 1 through 9

pages 19 through 31

pages 1 through 4

TRICARE Operations Manual 6010.56-M, February 1, 2008

Foreword

Chapter 1 - Administration

Chapter 2 - Records Management

Chapter 3 - Financial Administration

Chapter 4 - Provider Certification And Credentialing

Chapter 5 - Provider Networks

Chapter 6 - Enrollment

Chapter 7 - Utilization And Quality Management

Chapter 8 - Claims Processing Procedures

Chapter 9 - TRICARE Duplicate Claims System - TRICARE Encounter Data (TED) Version

Chapter 10 - Claims Adjustments And Recoupments

Chapter 11 - Beneficiary And Provider Services (BPS)

Chapter 12 - Appeals And Hearings

Chapter 13 - Program Integrity

Chapter 14 - Audits, Inspections, And Reports

Chapter 15 - Regional Director (RD)/Military Treatment Facility (MTF) and Contractor Interfaces

Chapter 16 - TRICARE Prime Remote (TPR) Program

Chapter 17 - Supplemental Health Care Program (SHCP)

Chapter 18 - Demonstrations

Chapter 19 - Health Insurance Portability and Accountability Act (HIPAA) of 1996

Chapter 20 - TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC)

Chapter 21 - TRICARE Alaska

Chapter 22 - Reserve Component Health Coverage Plans

Chapter 23 - TRICARE Pharmacy (TPharm)

Chapter 24 - TRICARE Overseas Program (TOP)

Chapter 25 - TRICARE Young Adult (TYA)

Chapter 26 - Continued Health Care Benefit Program (CHCBP)

Appendix A - Acronyms And Abbreviations

Appendix B - Definitions

Index

Chapter 26

Continued Health Care Benefit Program (CHCBP)

Section/Addendum Subject/Addendum Title

1 Continued Health Care Benefit Program (CHCBP), Eligibility And Coverage

Continued Health Care Benefit Program (CHCBP), Eligibility And Coverage

1.0 CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP)

1.1 The CHCBP is a health care program that allows certain groups of former Military Health System (MHS) beneficiaries to continue receiving health care coverage when they lose eligibility for military health care under the TRICARE programs. This temporary health program is supported by premium revenue collected from the participants in the program. The CHCBP contractor (herein referred to as the “contractor” unless otherwise specified) shall provide all services necessary to support the CHCBP as outlined in [32 CFR 199.20](#). Other references describing the CHCBP that are to be used by the contractor in fulfilling its responsibilities are applicable sections of the TRICARE Policy Manual (TPM), TRICARE Operations Manual (TOM), TRICARE Reimbursement Manual (TRM), TRICARE Systems Manual (TSM), and the **Federal Register** dated September 30, 1994 (pg. 49817ff), February 11, 1997 (pg. 6225ff), February 24, 1997 (pg. 8312), and September 16, 2011 (pg. 57637ff). The contractor shall perform these functions for CHCBP beneficiaries on a worldwide basis, irrespective of the geographic area in which the beneficiary resides or the area in which health care services are received.

1.2 The legislative basis for the program is Section 4408 of the National Defense Authorization Act (NDAA) of 1993 (Public Law 102-484) which added Section 1078a to Chapter 55 of 10 United States Code (USC). Beneficiaries eligible to purchase the continued health program are described in 10 USC § 1078a. A 2008 change to 10 USC § 1078a expanded CHCBP to all who the Secretary specifies in regulation who lose entitlement or eligibility to health care services under 10 USC Chapter 55 or 10 USC § 1145a.

1.3 CHCBP is not part of the TRICARE Program; therefore, the contractor shall adhere to the following requirements for those areas in which the CHCBP instructions and processing requirements are different than TRICARE.

2.0 VALIDATE ELIGIBILITY FOR CHCBP

2.1 Upon receipt of a Department of Defense (DoD) (DD) Form 2837, CHCBP Application, from a prospective beneficiary, the contractor shall validate eligibility on the Defense Enrollment and Eligibility Reporting System (DEERS) and request information necessary to validate eligibility. The supporting documentation that the contractor shall request from the applicant differs depending on the category of individual who is applying for enrollment as shown below:

2.1.1 Individual Uniformed Service sponsor (herein referred to as “sponsor”) and his/her family: a copy of the DD Form 214, Certificate of Release or Discharge from Active Duty, or a copy of the sponsor’s active duty orders.

TRICARE Operations Manual 6010.56-M, February 1, 2008

Chapter 26, Section 1

Continued Health Care Benefit Program (CHCBP), Eligibility And Coverage

- 2.1.2** Unremarried former spouse and stepchildren of the sponsor: a copy of the final divorce decree.
- 2.1.3** Child who loses TRICARE coverage due to marriage: a copy of marriage certificate.
- 2.1.4** Child who loses TRICARE coverage on his/her 21st birthday (age 23 if enrolled in a full-time course of study at an approved institution of higher learning and dependent on the uniformed service sponsor for more than half of their financial support): a copy of the front and back of the Uniformed Services identification (ID) card.
- 2.1.5** Child who loses TRICARE coverage due to college graduation: a copy of college transcript.
- 2.1.6** Child who who loses eligibility for TRICARE coverage when the child over the age of 21 and before the age of 23 ceases to be enrolled in a full-time course of study at an approved institution of higher learning or ceases to be dependent on the uniformed service sponsor for more than half of their financial support: a letter from the institution of higher learning stating the student's status or a written statement from the dependent that he/she is no longer dependent on the uniformed services sponsor for more than half of their financial support.
- 2.1.7** Child that was previously placed in sponsor's legal custody and then loses TRICARE coverage: a copy of the court order.
- Note:** Children who lose TRICARE coverage under [paragraphs 2.1.4 through 2.1.7](#) may qualify to purchase TYA coverage until reaching the age of 26 (see [Chapter 25](#)). If qualified to purchase TYA coverage, the child cannot purchase CHCBP as an individual.
- 2.1.8** Child who loses eligibility for TYA coverage. However, if the TYA coverage was terminated due to eligibility for employer-sponsored health care coverage based on their own employment or failure to pay TYA premiums, then the child is not eligible to purchase CHCBP coverage (see [Chapter 25](#)).
- 2.1.9** For any other situations in which an individual loses TRICARE coverage and may potentially be eligible for CHCBP, the contractor shall request information needed to verify eligibility.

2.2 Family Members Not Identified on DEERS

2.2.1 When a contractor receives a CHCBP claim which includes a family member not identified on DEERS as enrolled, but the sponsor indicates CHCBP family coverage, the contractor is to take the following action: If the claim includes a copy of an appropriately marked CHCBP coverage card for the beneficiary, the claim is to be processed. If the claim is for a beneficiary who is less than 60 days old, the claim is to be processed, even if no copy of an CHCBP coverage card is attached as long as at least one member of the sponsor's family is currently enrolled in CHCBP. In all other cases, the claim is to be denied.

2.2.2 In order to be enrolled in the CHCBP, the beneficiary will be disenrolled from any TRICARE programs in which enrolled. This will require no action on the beneficiary's part.

2.3 Disputes Regarding Enrollment

2.3.1 Confirmation of a person's eligibility as a CHCBP beneficiary is the responsibility of the CHCBP contractor. Disputed questions of fact concerning a beneficiary's eligibility will not be considered an appealable issue, but must be resolved with the appropriate Uniformed Service.

2.3.2 If the contractor determines the applicant does not appear eligible due to an ineligible response from DEERS (i.e., no history segments or record of previous DoD entitlement) or failure of the applicant to provide the documentation requested to verify eligibility the contractor shall deny the application in writing within 10 business days of the reason for the denial.

3.0 APPLICATION PERIOD AND PREMIUMS

3.1 CHCBP Application Period

There is a 60-day application period for CHCBP, beginning the day following the end date of the beneficiary's eligibility for TRICARE coverage. The contractor shall deny any applications received after the 60-day period. The contractor shall apply the following business rules when determining the start of the 60-day application period.

3.1.1 Members and Former Members, Their Families, and Other Individuals Losing TRICARE Coverage

The government routinely notifies beneficiaries prior to their loss of TRICARE coverage (active duty members are notified of the CHCBP during outprocessing; other beneficiaries who lose TRICARE coverage are notified by the Defense Manpower Data Center (DMDC) in writing of the availability of the CHCBP). However, if an eligible beneficiary advises the contractor that he/she was not notified of this program and submits documentation to support their position, the contractor shall establish the start-date of the 60-day application period as the date that the applicant received notification of the program.

3.1.2 Unremarried Former Spouses

There is no formal mechanism established to promptly identify unremarried former spouses that may qualify for this program, therefore the contractor shall process all applications from unremarried former spouses upon receipt.

3.2 Coverage Categories

CHCBP offers two coverage categories. Individual coverage is available to the member or former member, an unremarried former spouse, an adult child, a surviving spouse, or other qualified individuals. Family coverage is only available to the member or former member and his/her dependents. Dependents cannot be covered under family coverage unless the member or former member is also covered by family coverage.

TRICARE Operations Manual 6010.56-M, February 1, 2008

Chapter 26, Section 1

Continued Health Care Benefit Program (CHCBP), Eligibility And Coverage

3.3 CHCBP Application

DD Form 2837, CHCBP Application, shall be accepted as the application form for CHCBP coverage. No later than six months prior to the start work date of the contract, the contractor shall provide the Contracting Officer's Representative (COR) with the contractor's mailing address and toll-free telephone number. Should DD Form 2837 be revised or renumbered in the future, the contractor shall use the latest version.

3.4 Dates of Coverage & Premiums

3.4.1 Coverage will begin the day following the beneficiary's loss of TRICARE coverage and will end the last day of premium coverage.

3.4.2 Due to the documentation requirements for purchasing coverage, most coverage will be retroactive; however, there may be some coverage that will be prospective. Prospective coverage must be accompanied by a premium payment for one quarter. Retroactive coverage must be accompanied by full premium payment retroactive to the effective date of coverage through the end coverage date in the quarter in which the individual is applying.

3.4.3 Premiums are as stated in [paragraph 3.5](#) of these instructions.

Examples of the premiums required for retroactive and prospective coverage:

	Military Benefits End	Application Received	Quarters of Premium Due	CHCBP Coverage Begins
Example 1:	10/01/2010	11/15/2010	1 quarter	10/02/2010
Example 2:	09/15/2010	02/10/2011	2 quarters	09/16/2010
Example 3:	11/05/2010	10/01/2010	1 quarter	11/06/2010
Example 4:	03/01/2011	11/01/2010	1 quarter	03/02/2011

3.5 Premium Rates

3.5.1 The amount of the CHCBP premiums shall be established by the government and may be adjusted each fiscal year.

CHCBP QUARTERLY PREMIUMS RATES

Effective Dates	Individual Coverage	Family Coverage
May 1, 1997	\$933	\$1,996
October 1, 2010	\$988	\$2,213
October 1, 2011	\$1,065	\$2,390

3.5.2 The contractor shall begin charging the adjusted quarterly premiums on the effective date.

3.5.3 Upon receipt of adjusted rates from the government, the contractor shall issue a written notice to the beneficiary of the changes in premium amounts, to include the effective date of the change. This notification should be done at least 30 days prior to the quarterly effective date.

3.5.4 When qualifying events occur that change the sponsor from individual to family coverage or vice versa, coverage and premiums shall be changed effective with the date of the qualifying event. The contractor, within 10 business days of receiving such information, shall issue a written notice to the beneficiary of the changes in the coverage category and premium amount, including the effective date of the changes.

3.6 Form of Payment

3.6.1 Checks, money orders, or credit cards are allowable forms of payment for CHCBP beneficiaries to use in paying their premiums. The contractor may propose additional payment mechanisms, to include electronic processes for premium payments. Proposed electronic processes shall maintain the integrity and security of the application processes which includes important documentation required to validate eligibility for CHCBP.

3.6.2 As a minimum, the contractor shall accept VISA and MasterCard® for credit card payments, and may, but is not required to, accept additional nationally recognized major credit cards as a form of premium payment.

3.6.3 The contractor shall not accept premiums submitted by, or on behalf, of a health care provider for any beneficiary other than (a) the provider him/herself and (b) a member of the provider's immediate family. Should a provider submitted payment be received, the contractor shall return the payment to the provider with a written notice advising the provider that submission of premium payments by health care providers is prohibited. A copy of the letter should also be sent to the beneficiary. The contractor shall submit documentation to the TRICARE Management Activity (TMA) Program Integrity Office to include the following: a copy of contractor's notification to the provider, copy of front and back of premium (money order or check), originals of all documentation submitted by the provider (to include mailing envelope), documentation of all conversations and communications the contractor had with the provider on the subject of paying premiums, and any other information that the contractor has in its files or records concerning the provider that might be of assistance in Government follow-up action on this issue.

3.7 Insufficient Funds

In the case of insufficient funds, the contractor shall, within three business days, issue a written notice to the applicant (for initial applications) or beneficiary (in the case of renewal premiums), advising the applicant or beneficiary of the insufficient funds, the amount of the premium due, and the date by which a valid premium must be received by the contractor. For initial application requests, the notice shall also advise the beneficiary that if premium payment is not received in full by the due date (the last day of the 60-day application period), the applicant will not be covered in CHCBP. For renewals, the notice shall advise the beneficiary that if the contractor does not receive valid payment in full within 30 days of the date of the contractor's letter, that coverage will be terminated. That notice shall also provide the effective date of termination if payment is not received. If the premium payment has not been received by the contractor within the specified time frame, the contractor shall terminate the CHCBP coverage and issue a written notice to the beneficiary confirming the termination of coverage.

3.8 Refunds

Premiums shall be refunded if the applicant is no longer eligible for CHCBP coverage, i.e., beneficiary regains TRICARE eligibility; ex-spouse remarries; death of beneficiary; prospective member who has prepaid premium but fails to provide required eligibility documentation; and sponsor change in coverage from family to individual. Voluntary termination because the beneficiary obtained Other Health Insurance (OHI) does not constitute grounds for a refund of unused premiums. When refunds are appropriate, the contractor shall prorate the refund from the date of loss of eligibility for program benefits through the last coverage date for which the premium was paid.

3.9 Limits of CHCBP Coverage

The length of a beneficiary's CHCBP coverage varies according to the category of individual. Coverage lengths and categories are listed in the TPM, [Chapter 10, Section 4.1, Figure 10.4.1-1](#), CHCBP Eligibility Table.

3.10 Processing Applications

3.10.1 Once the contractor has verified eligibility and approved the application request, the contractor shall enter the CHCBP enrollment into DEERS through the applicable on-line interface. As DEERS does not allow individuals to be added to a sponsor's record after the sponsor's TRICARE coverage ends, there will be a small number of CHCBP beneficiaries that the contractor cannot complete the CHCBP enrollment in DEERS. The majority will be newborns whose birth occurred after the sponsor's TRICARE coverage ends, but there will occasionally be other beneficiaries as well. The contractor should not rely on DEERS as being the sole determinant of whether or not an individual is eligible for CHCBP coverage as these individuals would not be reflected on DEERS (see [paragraph 2.0](#)). The contractor's systems shall accommodate these unique cases in which the beneficiary is covered under CHCBP but not reflected on DEERS to ensure these beneficiaries are provided with all required CHCBP benefits and accurate processes, i.e., claims processing, issuing authorizations, accessing services, etc.

3.10.2 DEERS will not allow a CHCBP enrollment to be entered if the sponsor and/or dependents are still showing as eligible for TRICARE coverage. In these cases, the contractor shall pend the application and advise the applicant in writing for the sponsor to contact the nearest Uniformed Services ID card issuing office to rectify the situation. The contractor shall complete the processing of the application when DEERS has been updated to reflect that the sponsor and/or dependents are no longer eligible for services under TRICARE.

3.10.3 Once the application has been fully processed, the contractor shall issue the beneficiaries a CHCBP coverage ID card within 10 business days. The card provides the beneficiaries with (a) confirmation that the individual is covered and the effective dates; and (b) documentation that the beneficiary can use to access health care services. The card shall contain sufficient information to facilitate access to health care. Coverage dates on the card shall be limited to those dates for which a valid quarterly premium has been received by the contractor. Cards shall be issued each quarter for all subsequent quarterly payments received by the contractor. The card shall reflect that coverage is for the CHCBP and at a minimum provides the contractor's name, address, toll-free telephone number, and claims center mailing address.

3.10.4 Once an application has been fully processed, the contractor shall issue a letter to the applicant confirming CHCBP coverage (including the dates of coverage) within 10 business days. The letter shall advise the beneficiary of the requirements that must be met for continued coverage in the program, including information regarding future contractor billings and premium payments that the beneficiary will be required to make. The contractor shall also issue either a CHCBP coverage policy or such other sufficient written information regarding the CHCBP for beneficiaries' reference should they have any questions regarding benefits and program requirements.

3.11 Coverage and Renewals

3.11.1 The contractor shall mail initial premium renewal notices to beneficiaries no later than 30 days before the expiration of the coverage. The beneficiary's coverage in CHCBP is based on the documentation that the applicant submits to verify eligibility, therefore, the contractor shall not routinely query DEERS for renewal coverages and quarterly billings. Absent information or evidence to the contrary, the contractor shall assume that the individual continues to meet the requirements for CHCBP. Renewal notices shall clearly specify the premium amount due, the date by which the premium must be received, and the mailing address to which the premium payment must be sent. Renewal notices shall specify that failure to submit the premium due will result in denial of continued coverage and termination from the program.

3.11.2 The contractor shall provide a 30 calendar day grace period following the premium due date in which the beneficiary may submit his/her premium and continue benefits with no break in coverage. If the premium is not received following the initial renewal notice to the beneficiary requesting premium for the next quarter, the contractor shall issue a second renewal notice to the beneficiary within 10 business days of the start of the grace period. The second renewal notice shall indicate that this is the second and final billing notice and that if payment is not received by the due date specified in the notice, that CHCBP coverage will be terminated as of that date. The notice shall also advise the beneficiary that if coverage is terminated due to nonpayment of premium, that he/she will be permanently locked-out of CHCBP.

3.11.3 If the premium is not received by the end of the grace period, the contractor shall terminate the beneficiary's coverage in CHCBP and mail a letter to the beneficiary confirming the termination within 10 business days, to include the effective date and basis for the termination. The contractor shall enter all CHCBP terminations into DEERS.

3.11.4 Beneficiaries who desire to voluntarily withdraw from the CHCBP prior to the end of their paid up period shall send a written request to the contractor. Beneficiaries who voluntarily disenroll from the CHCBP are not permitted to re-enroll until they gain and then once again lose TRICARE eligibility. Refund of unused premiums is only allowed for items covered in [paragraph 3.8](#).

3.11.5 Following a beneficiary's termination from the CHCBP, except for those who have re-established TRICARE coverage, the contractor shall issue a Certificate of Creditable Coverage (CoCC) to the beneficiary within 10 business days from the termination date and upon request up to 24 months after the termination date. No later than four months prior to the start work date of the contract, the government will furnish the contractor with a sample of the format for the CoCCs.

3.11.6 In preparing and mailing all written notices and correspondence to applicants and beneficiaries, the contractor shall use the most current address on file or available.

3.12 CHCBP Coverage Data and Report

The contractor shall maintain systems and databases to collect, track and process applications and to report monthly coverage information to the government as well as any ad hoc reports that may be requested regarding CHCBP coverage. The contractor shall have the capability to retroactively retrieve pertinent coverage information on any individual who has been accepted or denied coverage in the program, to include the basis for such denials.

4.0 PROGRAM MATERIALS

All informational materials, booklets, brochures, and other public material are subject to review and approval by the TMA Communications and Customer Service (C&CS) prior to finalizing the material, and all must contain the contractor's name, mailing address, toll-free telephone number and web site.

5.0 INQUIRIES AND CUSTOMER SERVICE FUNCTIONS

The contractor shall respond to CHCBP inquiries from any geographic area, to include locations outside the 50 United States and the District of Columbia. The contractor shall provide timely, accurate and thorough responses to the inquiries it receives from any source, e.g., prospective applicants, beneficiaries, providers, other contractors, government officials, etc. in accordance with [Chapter 1, Section 3, paragraph 3.0](#).

6.0 FIDUCIARY RESPONSIBILITIES

6.1 The contractor shall act as a fiduciary for all funds acquired from CHCBP premium collections, which are government property. The contractor shall develop strict funds control processes for its collection, retention and transfer of CHCBP premiums to the government. The contractor shall follow the requirements in [Chapter 3](#).

6.2 The contractor shall maintain a system for tracking and reporting premiums and beneficiaries/policy holders. The system is subject to government review and approval.

6.3 By the 10th calendar day of the month following the activity, the contractor shall submit the following reports: CHCBP Workload Report, CHCBP Monthly Enrollee Premiums Report, CHCBP Adjusted Premiums Report, CHCBP Enrollment Data Report, and CHCBP Premiums Summary Report as described in the DD Form 1423, Contract Data Requirements List (CDRL), and submit per [Chapter 14, Section 2](#).

7.0 DEERS

Refer to the DEERS instructions in the TSM for additional DEERS requirements related to CHCBP.

8.0 REPORTING RESPONSIBILITIES

In addition to the written monthly reports, the CHCBP contractor may be required to produce CHCBP ad hoc reports as requested by the government. The data elements or information for such reports would be limited to that information that the CHCBP contractor has collected or should

TRICARE Operations Manual 6010.56-M, February 1, 2008

Chapter 26, Section 1

Continued Health Care Benefit Program (CHCBP), Eligibility And Coverage

reasonably have collected in the performance of CHCBP work. Some manipulation and formatting of the data and information may be required to meet the requirements of the ad hoc reports. The government estimates that the CHCBP contractor would not receive more than three such requests per contract year and that the level of effort for the CHCBP contractor to produce the ad hoc reports is not expected to be significant.

- END -

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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)
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
NG	National Guard
NGPL	No Government Pay List
NHLBI	National Heart, Lung and Blood Institute
NHSC	National Health Service Corps
NICHHD	National Institute of Child Health and Human Development
NIH	National Institutes of Health
NII	Networks and Information Integration

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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
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

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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
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

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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
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

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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
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

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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
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 Renal Cell Carcinoma
RCCPDS	Reserve Component Common Personnel Data System
RCN	Recoupment Case Number Refund Control Number

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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
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

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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
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

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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
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)

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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
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

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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
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

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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
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 Thorascopic Surgery
VAX-D	Vertebral Axial Decompression
VD	Venereal Disease
VO	Verifying Office (Official)
VPN	Virtual Private Network

TRICARE Operations Manual 6010.56-M, February 1, 2008

Appendix A

Acronyms And Abbreviations

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
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

- END -

Index

A	Chap	Sec/Add	C	Chap	Sec/Add
Acronyms And Abbreviations		Appendix A	Case Development And Action	13	2
Active Duty Care Guidelines	16	B	Civilian Health Care (CHC) Of Uniformed Service Members	24	26
Active Duty Dental Care In Remote Overseas Locations	24	10	Claim Development	8	6
Additional Supporting Information Pertaining To The Transaction And Code Sets Final Rule	19	A	Claim Refund And Collection Procedures	3	3
Administration			Claims Adjustments And Recoupments		
Figures	1	A	Figures	10	A
Management	1	4	General	10	1
Transitions	1	7	Claims Filing Deadline	8	3
Allowable Charge Reviews	11	8	Claims Processing For Dual Eligibles	20	3
Ambulance/Aeromedical Evacuation Services	24	7	Claims Processing Procedures		
Appeal Of Factual (Non-Medical Necessity) Determinations	12	5	Figures	8	A
Appeals And Hearings			General	8	1
Figures	12	A	TRICARE Overseas Program (TOP)	24	9
General	12	1	Clinical Preventive Services (Prime/Standard)	24	8
TRICARE Overseas Program (TOP)	24	13	Clinical Quality Management Program (CQMP)	7	4
Appeals Of Medical Necessity Determinations	12	4	Clinical Support Agreement (CSA) Program	15	3
Application Of Deductible And Cost-Sharing	8	7	Collection Actions Against Beneficiaries	11	10
Audits, Inspections, And Reports	20	6	Compliance With Federal Statutes	1	5
Audits And Inspections	14	1	Continued Health Care Benefit Program (CHCBP)		
Reports And Plans	14	2	Eligibility And Coverage	26	1
Special Reports	14	3	TRICARE Overseas Program (TOP)	24	25
Audits, Inspections, Reports, And Plans	24	15	Contract Administration And Instructions	1	2
TRICARE Overseas Program (TOP)	24	15	Contractor Relationship With The Military Health System (MHS) TRICARE Quality Monitoring Contractor (TQMC)	7	3
Autism Demonstration Corporate Services Provider (ACSP) Participation Agreement	18	A	Contractor Responsibilities - SHCP	17	3
			Contractor Responsibilities And Reimbursement - TPR	16	4
			Correspondence Control, Processing, And Appraisal	11	6
			Covered Specialty Pharmaceuticals	23	A
			Critical Access Hospital (CAH) Payment Rates	18	7
B	Chap	Sec/Add			
Beneficiary And Provider Services (BPS)	24	11			
Beneficiary, Congressional, Media, BCAC, DCAO, And HBA Relations	11	4			

TRICARE Operations Manual 6010.56-M, February 1, 2008

Index

O	Chap	Sec/Add	S	Chap	Sec/Add
Organization of the TRICARE Management Activity (TMA)	1	1	Service Point Of Contact (SPOC) Review For Authorization - Protocols And Procedures		
Other Contract Requirements			SHCP	17	B
TDEFIC	20	4	TPR	16	C
Out-Of-Jurisdiction Claims - TPharm	23	2	Signature Requirements	8	4
Overpayments Recovery			Split Enrollment	6	3
Financially Underwritten Funds	10	3	Staledated, Voided, Or Returned Checks	3	4
Non-Financially Underwritten Funds	10	4	Standards For Electronic Transactions	19	2
			Subject And Description Of Government Records	2	2
			Supplemental Health Care Program (SHCP)		
			General	17	1
			Points Of Contact (POC)	17	A
P	Chap	Sec/Add	T	Chap	Sec/Add
Paper Record Transfer Procedures	2	A	Telephone Inquiries	11	7
Patient Rights	7	A	Third Party Recovery Claims	10	5
Payments To Beneficiaries/Providers	3	2	Threats Against Contractors	13	8
Pharmacy Claims Processing	23	3	Transferring Records (Federal Records Centers (FRCs) And Transitions)	2	5
Preauthorizations	7	2	Transitional Assistance Management Program (TAMP)	24	24
Prevention And Detection	13	3	TRICARE Alaska	21	1
Privacy And Security Of Individually Identifiable Health Information (IIHI)	19	3	TRICARE Area Office (TAO) Director/MTF And Contractor Interfaces	24	16
Program Integrity			TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC)		
Evaluation	13	4	Audits, Inspections, And Reports	20	6
Figures	13	A	Claims Processing For Dual Eligibles	20	3
General	13	1	General	20	1
Reporting	13	5	Jurisdiction	20	2
TRICARE Overseas Program (TOP)	24	14	Other Contract Requirements	20	4
Provider Certification And Credentialing			Transition	20	5
Figures	4	A	TRICARE Duplicate Claims System - TED Version		
General	4	1	Claim Sets And The Claim Set Life Cycle	9	4
Provider Exclusions, Suspensions, And Terminations	13	6	Contractor To Contractor Transition Guide	9	C
Provider Reinstatements	13	7	Download Files	9	E
Providers Of Care	17	2	Duplicate Claims Data	9	3
			Duplicate Claims System (DCS)		
			Displayed Data Fields	9	A
			Mass Change Function For Contract Transitions	9	7
			Multi-Contractor Claim Sets	9	6
			Overview	9	1
R	Chap	Sec/Add			
Reconsideration Procedures	12	3			
Records Management					
General	2	1			
TRICARE Overseas Program (TOP)	24	2			
Referrals/Preauthorizations/ Authorizations	8	5			
Regional Directors (RDs)/Military Treatment Facility (MTF) Commanders Interface	15	1			
Resource Sharing	15	2			

TRICARE Operations Manual 6010.56-M, February 1, 2008

Index

T (CONTINUED)	Chap	Sec/Add	U	Chap	Sec/Add
TRICARE Duplicate Claims System - TED			Underpayments	10	2
Version - Continued			Utilization And Quality Management	7	1
Quick Start Instructions	9	2			
Reason Codes	9	B			
Report Descriptions And Examples	9	D			
Reports	9	8			
System Implementation And Operational Requirements	9	9			
User's Guide	9	5			
TRICARE Logo	11	A			
TRICARE Management Activity (TMA)					
Appeals	12	6			
TRICARE Overseas Program (TOP)					
Administration	24	1			
Continued Health Care Benefit Program (CHCBP)	24	25			
Eligibility And Enrollment	24	5			
Figures	24	30			
Partnership Program	24	29			
Point Of Contact (POC) Program	24	12			
Prime Program	24	17			
Prime Remote Program	24	18			
Standard	24	19			
TRICARE For Life (TFL)	24	20			
TRICARE Plus	24	22			
TRICARE Reserve Select (TRS)	24	21			
TRICARE Pharmacy (TPharm)					
Claims Processing	23	3			
General	23	1			
Other Contract Requirements	23	4			
Out-Of-Jurisdiction Claims	23	2			
Transition	23	5			
TRICARE Plus	6	4			
TRICARE Prime Remote (TPR) Program					
General	16	1			
Points Of Contacts	16	A			
Reports	16	5			
TRICARE Prime Remote For Active Duty Family Member (TPRADFM) Program	16	6			
TRICARE Processing Standards	1	3			
TRICARE Reserve Select (TRS)	22	1			
Figures	22	A			
TRICARE Retired Reserve (TRR)	22	2			
TRICARE Service Centers (TSCs)	11	3			
TRICARE Young Adult (TYA)	25	1			

- END -