



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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TRICARE
MANAGEMENT ACTIVITY

OD

CHANGE 75
6010.56-M
APRIL 11, 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: TRICARE ENCOUNTER DATA (TED) RECORDS FOR TRICARE YOUNG
ADULT (TYA) EXTENDED CARE HEALTH OPTION (ECHO)

CONREQ: 15712

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): When the secondary Health Care Delivery Program (HCDP) Coverage Code is 400 (ECHO) and the TYA beneficiary is receiving care considered to be an ECHO benefit, the contractor shall submit the primary TYA HCDP Plan Coverage Code and Special Processing Codes PF or AU as appropriate on the TED record.

EFFECTIVE DATE: January 1, 2011.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

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Director, Operations Division

ATTACHMENT(S): 2 PAGES
DISTRIBUTION: 6010.56-M

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CHAPTER 25

Section 1, pages 15 and 16

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the refund amount was calculated.

10.1.3 Retroactive Coverage

See eligibility requirements in [paragraph 4.1.3](#). Upon receipt of a properly completed TYA application for someone who is eligible for retroactive coverage according to [paragraph 4.1.3](#), the enrolling contractor will request the CHCBP contractor to disenroll the young adult dependent from CHCBP with an effective date one day prior to the TYA retroactive coverage date or the CHCBP paid-through date, but no earlier than December 31, 2010, and NLT September 30, 2011. The CHCBP contractor will terminate the CHCBP coverage based on the requested TYA effective date or the CHCBP paid-through date, whichever is earlier. The CHCBP contractor will recalculate the amount of premiums required for the remaining CHCBP coverage, and refund any overpayment of CHCBP premiums. The refund shall include an explanation that the refund amount represents a refund of CHCBP premiums as a result of the TYA enrollment and how the refund amount was calculated.

10.2 CHCBP Premium Refund Procedures

CHCBP premium refunds do not need to be approved by the TMA CRM F&AO prior to making a payment to the beneficiary. The refunds should be reduced from the CHCBP premiums collected during a given month and the net amount sent to the TMA CRM F&AO as required by TPM, [Chapter 10, Section 4.1](#).

10.3 Refunds for Overpayment of Family Deductible and/or Catastrophic Caps

10.3.1 Upon termination of CHCBP coverage with retroactive TYA coverage for the same period, the CHCBP contractor will review CHCBP claims history for the retroactive period, and post any CHCBP cost-shares and deductibles to the TRICARE family deductible and catastrophic cap as a TYA claim, ensuring the amounts posted do not exceed the applicable catastrophic cap and deductible limits. Cost-shares over the catastrophic cap and deductible limit will be refunded.

10.3.2 Refunds for overpayments of family deductible and/or catastrophic cap must be approved by the TMA CRM F&AO before being released/mailed. Payments will be processed under manual payment procedures as required by contract requirements. Supporting documentation for these payments will be provided no more often than weekly and no less than monthly to the TMA CRM F&AO by the CHCBP contractor and will include the name, DoD Benefits Number, the calculation of the refund, and the amount being refunded. Upon approval from the TMA CRM F&AO, the CHCBP contractor will release payments for refunds of the overpaid amounts.

10.4 TRICARE Encounter Data (TED) Records For Claims Previously Processed As CHCBP and Affected by a Retroactive TYA Enrollment

Prior TED records processed as CHCBP and affected by a TYA retroactive enrollment should be reprocessed as follows:

10.4.1 Upon notification from the CHCBP contractor, appropriate Pharmacy TED records shall be adjusted by the Pharmacy contractor to indicate the appropriate TYA HCDP Plan Coverage Code and Enrollment/Health Plan Code. These records are to be submitted on a TED Header Type Indicator 6. Administrative claim payments for these adjustments will be manually billed to TMA.

10.4.2 TED records, other than pharmacy, where the claim jurisdiction indicates South Region will be cancelled and replaced by the CHCBP contractor. The new TED record will retain all the original claim data except the appropriate TYA HCDP Plan Coverage Code and Enrollment/Health Plan Code will replace the CHCBP enrollment codes. These records are to be submitted on a TED Header Type Indicator 6.

10.4.3 TED records, other than pharmacy, with a claim jurisdiction other than the South Region will be adjusted by the CHCBP Contractor to indicate the appropriate TYA HCDP Plan Coverage Code and Enrollment/Health Plan Code. These records are to be submitted on a TED Header Type Indicator 6. Administrative claim payments for these adjustments will be manually billed to TMA.

11.0 CODING OF TED RECORDS

When the secondary HCDP Coverage Code is 400 (Extended Care Health Option (ECHO)) and the TYA beneficiary is receiving care considered an ECHO benefit, the contractor shall submit the primary TYA HCDP Plan Coverage Code and Special Processing Codes 'PF' or 'AU' as appropriate on the TED record.

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