



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
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TRICARE
MANAGEMENT ACTIVITY

OD

CHANGE 89
6010.56-M
DECEMBER 13, 2012

CORRECTED COPY

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: PANAMA ANCILLARY FEES AND NATIONAL DEPARTMENT OF DEFENSE (DoD)/
DEPARTMENT OF VETERANS AFFAIRS (DVA) MEMORANDUM OF AGREEMENT
(MOA)

CONREQ: 16238

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change establishes TRICARE policy that ancillary fees in Panama are paid the lesser of billed charges or 250% of the National CHAMPUS Maximum Allowable Charge (CMAC) and clarifies the authorization authority for Active Duty Service Member (ADSM) enrollees who receive services under the DoD/DVA MOA. Military Medical Support Office (MMSO) will be the authorizing authority for all services received under the MOA.

EFFECTIVE DATE: August 4, 2009.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Feb 2008 TRM, Change No. 76.

JACOBS.KENNE
TH.C.1067162311

Digitally signed by
JACOBS.KENNE
DN: c=US, o=U.S. Government, ou=DoD,
ou=PKI, ou=TMA,
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Date: 2012.12.14 13:10:08 -07'00'

John L. Arendale
Director, Operations Division

ATTACHMENT(S): 68 PAGES
DISTRIBUTION: 6010.56-M

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

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REMOVE PAGE(S)

CHAPTER 24

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APPENDIX A

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Civilian Health Care (CHC) Of Uniformed Service Members

1.0 GENERAL

1.1 All TRICARE requirements regarding the Supplemental Health Care Program (SHCP) shall apply to the TRICARE Overseas Program (TOP) unless specifically changed, waived, or superseded by this section, TRICARE Policy Manual (TPM), [Chapter 12](#), or the TRICARE contract for health care support services outside the 50 United States and the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 [Chapter 17](#) for additional instructions.

1.2 Uniformed service members in an active duty status of greater than 30 days (also known as Active Duty Service Members (ADSMs)) who are on permanent or official duty assignment in a location outside the 50 United States and the District of Columbia must enroll in TRICARE Overseas Program (TOP) Prime or TOP Prime Remote. ADSMs in a temporary duty status and enrolled elsewhere should not transfer their enrollment to TOP Prime or TOP Prime Remote unless it is medically appropriate and will not cause enrollment eligibility disruption to family members' enrollment status. ADSMs are not CHAMPUS-eligible and do not have the option to use TRICARE Standard or the Point of Service (POS) option under TOP Prime or TOP Prime Remote. Uniformed service members who would normally receive care from a host nation provider may be directed to transfer their care to a Military Treatment Facility (MTF). This applies to ADSMs and uniformed service members not in active duty status (Reserve Component (RC) members under Line of Duty (LOD) care). These controls ensure the maintenance of required fitness-for-duty oversight for TOP uniformed service members. Refer to [Section 9](#) for claims processing instructions.

2.0 CONTRACTOR RESPONSIBILITIES

2.1 ADSMs who are enrolled in TOP Prime shall follow the procedures outlined in [Chapter 17](#) for MTF-enrolled ADSMs, except that any references to the Military Medical Support Office (MMSO) should be replaced by a reference to the appropriate regional TRICARE Area Office (TAO) in all overseas locations except the U.S. Virgin Islands **concerning Line of Duty Determinations and except for care delivered under the National Department of Defense (DoD)/Department of Veteran Affairs (DVA) Memorandum of Agreement (MOA) authorization requirements. See paragraph 2.4.3 for National DoD/DVA MOA authorization requirements.** ADSMs who are enrolled in TOP Prime Remote must seek authorization from the TOP contractor for all non-emergent specialty and inpatient care. ADSMs not enrolled in TOP who are on Temporary Additional Duty/Temporary Duty (TAD/TDY), deployed, deployed on liberty, or in an authorized leave status outside the 50 United States and the District of Columbia shall follow referral/authorization guidelines for TOP Prime Remote enrollees.

2.2 If an ADSM seeks host nation care without appropriate authorization, they put themselves at financial risk for claims payment. They are also at risk for potential compromise of medical readiness posture, flight status, or disability benefits, and they may be subject to disciplinary action for disregarding service-specific policy. Lost work time may be charged as ordinary leave.

2.3 Each TRICARE Area Office (TAO) shall establish processes for ADSM referrals/authorizations in remote locations. These processes may vary by region and shall be documented in the Memorandum of Understanding (MOU) between the TAO and the TOP contractor. The TOP contractor shall comply with TAO guidance regarding remote-enrolled ADSM referrals/authorizations, to include screening specialty care referrals to assist with the identification of potential fitness-for-duty issues to the designated government Point of Contact (POC).

2.4 The provisions of [Chapter 17](#) are changed for the TOP as follows:

2.4.1 The provisions of [Chapter 17, Section 2, paragraph 2.0](#) (Uniformed Services Family Health Plan (USFHP)) are not applicable to the TOP contract. USFHP services are not available outside the 50 United States and the District of Columbia.

2.4.2 Except for the claims for ADSM care provided under the National DoD/DVA MOA, the provisions of [Chapter 17, Section 3, paragraph 1.2.1](#) regarding the timeline for review of SHCP claims by overseas MTFs is extended to 10 calendar days. ADSM claims submitted to the TOP contractor for which an authorization is not on file are to be pended for a determination of whether the care should be authorized. The claim shall be pended and the MTF of enrollment shall be notified that an authorization determination should be accomplished and returned to the TOP contractor within 10 calendar days. If the TOP contractor does not receive the MTF's response within 10 calendar days, the contractor shall move the claim back into active processing within one business day and shall process the claim as if the MTF had authorized the care. Claims authorized due to a lack of response by the MTF shall be considered as "Referred Care", but the contractor must be able to distinguish these claims from MTF-authorized claims. Claims pended under the provisions of this section shall be considered to be excluded claims for the purposes of calculating and reporting claims processing cycle time performance.

2.4.3 The provisions of [Chapter 17, Section 2, paragraph 3.1](#) regarding claims for care provided under the National DoD/DVA MOA for Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI), Blind Rehabilitation, and Polytrauma are applicable to the TOP and shall be processed in accordance with [Chapter 17, Section 2, paragraph 3.1.3](#). Such care will be authorized by the MMSO for ADSMs under this MOA.

2.4.4 The provisions of [Section 6, paragraph 5.0](#) and [Chapter 8, Section 5](#) apply to TOP SHCP referrals. Additionally, when MTFs submit a referral request for purchased care services for a non-AD sub-population beneficiary eligible for SHCP, the MTF shall utilize the required data elements identified in [Chapter 8, Section 5, paragraph 6.1](#) and shall annotate the referral with "SHCP" in line item 12, "Review Comment". This will ensure that SHCP claims for eligible non-AD sub-population beneficiaries are properly adjudicated.

2.5 When an ADSM leaves a remote TOP assignment as a result of Permanent Change of Station (PCS) or other service-related change of duty status, the following applies in support of medical record accumulation:

2.5.1 For ADSMs leaving remote TOP assignment in Puerto Rico, the PCM shall provide a complete copy of medical records, to include copies of specialty and ancillary care documentation, to ADSMs within 30 calendar days of the ADSM's request for the records. The ADSM may also request copies of medical care documentation (specialty care visits and discharge summaries) on an ongoing, EOC basis.

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2.5.2 For ADSMs leaving remote TOP assignments from all overseas areas other than Puerto Rico, ADSMs in those locations should request medical records from the host nation provider(s) who provided health care services during the ADSM's tour of duty.

2.5.3 Records provided by host nation providers in languages other than English may be submitted to the TOP contractor for translation into English according to the terms of the contract.

2.5.4 Network host nation providers shall be reimbursed for medical records photocopying and postage costs incurred at the rates established in their network provider participation agreements. Non-network host nation providers shall be reimbursed for medical records photocopying and postage costs on the basis of billed charges unless the government has directed a lower reimbursement rate. ADSMs who have paid for copied records and applicable postage costs shall be reimbursed for the full amount paid to ensure they have no out-of-pocket expenses. All providers and/or ADSMs must submit a claim form, with the charges clearly identified, to the contractor for reimbursement.

Note: The purpose of copying medical records is to assist the ADSM in maintaining accurate and current medical documentation. The contractor shall not make payment to a host nation provider who photocopies medical records to support the adjudication of a claim.

2.6 Provision of Respite Care For The Benefit of Seriously Ill or Injured Active Duty Members

2.6.1 The provisions of [Chapter 17, Section 3](#) and the TRICARE Systems Manual (TSM), [Chapter 2, Sections 2.8](#) and [6.4](#) regarding respite care for seriously ill or injured ADSMs are applicable in locations outside the 50 United States and the District of Columbia where TRICARE-authorized Home Health Agencies (HHAs) have been established.

2.6.2 The respite care benefit is applicable to ADSMs enrolled to TOP Prime, TOP Prime Remote, and to any ADSM referred by an overseas MTF or TAO.

2.6.3 All normal ADSM authorization and case management requirements for the TOP apply to the ADSM respite care benefit.

- END -

TRICARE Overseas Program (TOP) Partnership Program

The attached memo provides guidance for implementing the Military-Civilian Health Services Partnership Program (updated as of September 1, 2005).



TRICARE
MANAGEMENT
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JUN 10 2002

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)

SUBJECT: TRICARE Policy Execution Directive for implementing the Military-Civilian Health Services Partnership Program

References: (a) Title 10, United States Code, Section 1096
(b) DoD Directive 6000.12, "Health Services Operations and Readiness," April 29, 1996
(c) Title 32, Code of Federal Regulations, Part 199, "Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)"
(d) DoD Directive 5136.12, "TRICARE Management Activity," May 31, 2001
(e) DoD Instruction 5010.40, "Management Control (MC) Program Procedures," August 28, 1996

This memorandum provides direction for execution of TRICARE policy implementing the Military-Civilian Health Services Partnership Program, hereafter referred to as the "Partnership Program." This TRICARE Policy Execution Directive authorizes continuation of the Partnership Program in geographical areas included in the TRICARE Overseas Program¹ (TOP) and the state of Alaska.

¹ The TOP is the Department of Defense managed health care program outside the 50 states of the United States and the District of Columbia. The TOP consists of three regions: TRICARE Europe; TRICARE Latin America and Canada (including Puerto Rico and the Virgin Islands); and TRICARE Pacific.

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TRICARE Overseas Program (TOP) Partnership Program

Background. Under the authority of reference (a), the Department of Defense (DoD) may implement a Partnership Program if it is determined that it will result in the delivery of health care to TRICARE beneficiaries in a more effective, efficient, or economical manner. By policy (DoD Instruction 6010.12, "Military-Civilian Health Services Partnership Program," October 22, 1987) and regulation (paragraph 199.1(p) of reference (c)), DoD implemented the Partnership Program to integrate specific health care resources between facilities of the Uniformed Services and providers in the civilian health care community. It allowed, in part, TRICARE beneficiaries to receive inpatient care and outpatient services through the TRICARE civilian purchased health care program from civilian providers of health care in Military Treatment Facilities (MTFs).

As TRICARE Managed Care Support (MCS) contracts were phased in, the Partnership Program was replaced in geographical areas included in the MCS contracts by "Resource Sharing" Agreements. Under these Agreements, the MCS contractor provides personnel and other resources to the MTFs in order to help the MTFs increase the availability of services for TRICARE beneficiaries. At that time, DoD Instruction 6010.12 was cancelled and replaced with paragraph D.10. of reference (b).

In awarding MCS contracts, DoD chose not to execute contracts placing a MCS contractor at-risk for the health care costs of TRICARE beneficiaries in geographical areas under TOP or in the state of Alaska. Therefore, no Resource Sharing Agreements were available for MTFs in those geographical areas and the MTFs were allowed to maintain existing Partnership Program Agreements, referred to as "Internal Partnership Agreements".

TRICARE Regional Directors (RDs)² for TOP and the state of Alaska have a continuing need for Internal Partnership Agreements. MTF Commanders rely on these Agreements to augment their staffing during deployments and staffing shortfalls in provider specialties, including Family Practice, Pediatrics, OB/GYN, and Mental Health. These services have proven invaluable in providing the TRICARE Overseas Prime benefit to family members of Active Duty Service Members (ADSMs) and are critical in areas of limited provider access. By utilizing Internal Partnership Agreements, MTFs are able to:

- Supplement MTF services/capabilities
- Improve availability of services impacted during contingency operations
- Provide convenient access at MTFs to health care services by civilian providers of care
- Provide cost-effective delivery of health care services when compared to host nation rates or with CMAC rates in high-cost locations in the state of Alaska.

Purpose. The purpose of this TRICARE Policy Execution Directive is to provide authorization for continued use of Internal Partnership Agreements in TOP Regions and in the state of Alaska when an MTF is unable to provide sufficient health care services for TRICARE beneficiaries through the MTF's own resources.

² A TRICARE RD is the official in charge of a TRICARE Regional Office for a geographical area designated by the ASD(HA) and is responsible for development and execution of the TRICARE Health Services Plan, an integrated plan for the delivery of health care through the Military Health System within the geographical region. The TRICARE RD was previously referred to as a TRICARE "Lead Agent." See reference (d).

Definitions. The following terms are defined for purposes of this Directive:

1. **Partnership Program Provider:** A civilian health care provider who meets the criteria set forth in reference (c) as an authorized TRICARE individual professional provider³ of care and who enters into a Internal Partnership Agreement under the terms of this Directive.
2. **Internal Partnership Agreement:** An Agreement, under the Military-Civilian Health Services Partnership Program, between a MTF commander and a Partnership Program Provider which enables the use of civilian health care personnel or other resources on the premises of a MTF to provide medical care to those TRICARE beneficiaries otherwise entitled to civilian purchased health care under reference (c). Payment for the care shall be subject to the terms and conditions for coverage of such care under reference (c) and the rates specified in the individual Internal Partnership Agreement. In accordance with reference (a), patient cost-shares for such care shall be the same as cost-shares computed for care otherwise furnished by the MTF.

Roles and Responsibilities.

1. The Deputy Director, TRICARE Management Activity (TMA) (or designee), shall:
 - a. Issue TRICARE Policy Directive for execution of policy implementing the Partnership Program.
 - b. Exercise authority for final approval/denial of all Internal Partnership Agreements.
 - c. Monitor and evaluate implementation of the Partnership Program to ensure delivery of health care to TRICARE beneficiaries in a more effective, efficient, and economical manner.
 - d. Contract for administrative processing of TRICARE claims arising under the Partnership Program.
 - e. Designate a TMA Partnership Program Manager. All matters referred to the TRICARE Deputy Director under this Policy Directive shall be addressed to the attention of the TMA Partnership Program Manager.
2. The Surgeons General of the Military Departments shall:
 - a. Provide the authority to implement the Partnership Program within their respective MTFs.

³ An exception to this definition has been made to accommodate previously existing arrangements established with the government of Germany under the Status of Forces Agreement for implementation of the Partnership Program in that country. In view of these unique circumstances, an exception is granted for MTFs in Germany to enter into Internal Partnership Agreements with group organizations. In these locations, conditions and provisions under the Status of Forces Agreement, Article 72, will be fully complied with for group organizations operating as an "enterprise" in Germany. For purposes of TRICARE claims processing, health care claims from the group organizations shall be processed similar to claims from a centralized billing activity for participating TRICARE providers. In addition, all providers of health care for which the group organization submits a TRICARE claim shall individually meet the requirements under reference (c) as an authorized TRICARE individual professional provider of care. The TRICARE RD for the region including Germany shall modify the model Internal Partnership Agreement attached to this Directive, as appropriate, to permit execution by a group organization. Group organizations shall not be allowed to enter into Internal Partnership Agreements in any location other than Germany.

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- b. Administer and monitor MTF business plans to ensure the effective, efficient, and economical delivery of health care to eligible beneficiaries.
 - c. Educate MTF Commanders and their staffs and beneficiaries about the Partnership Program with appropriate assistance of the TRICARE Area Office (TAO) Directors and the TMA.
 - d. Coordinate with respective TAO Directors to ensure MTF implementation of the Partnership Program is consistent with the TRICARE Regional Health Services Plan.
 - e. Review MTF Internal Partnership Agreements for interaction/consistency with other Service-funded programs, such as venture capital initiatives.
 - 1) Disapprove Internal Partnership Agreements if inconsistent with Services business plans/policies.
 - 2) Forward approved MTF Internal Partnership Agreements to TMA Deputy Director for final approval/denial.
3. The TAO Director for each TOP and the state of Alaska shall:
- a. Include MTF use of Internal Partnership Agreements in the TRICARE Regional Health Services Plan to ensure the effective, efficient, and economical delivery of health care to TRICARE beneficiaries.
 - b. Provide regional oversight of the Partnership Program and management controls established by MTF Commanders.
 - c. Review all MTF Internal Partnership Agreements for consistency with the TRICARE Regional Health Services Plan.
 - 1) Recommend disapproval of MTF Internal Partnership Agreements to the appropriate Surgeon General if Agreements are inconsistent with the TRICARE Regional Health Services Plan.
 - 2) Forward approved MTF Internal Partnership Agreements to the appropriate Surgeon General (or designee) for denial or recommended approval.
4. The Commanders of MTFs in each TOP and the state of Alaska shall:
- a. Manage the Partnership Program at their MTF.
 - 1) Establish as part of the MTF management control program, management controls that ensure the MTF Partnership Program and each MTF Internal Partnership Agreement accomplish the purpose for which it was established; i.e., that it contributes to the delivery of health care for TRICARE beneficiaries in an effective, efficient, and economical manner and complies with all controlling policies.
 - 2) Designate an Assessable Unit (in accordance with reference (e)) for oversight of the program, specifically addressing processes for identifying and preventing fraud, waste, and abuse of government resources.
 - 3) Identify, correct, and report management control weaknesses in the MTF Partnership Program to the TAO Director and the Surgeon General of the appropriate Military Department.

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- 4) Address the MTF Partnership Program in the Commander's annual statement of assurance.
- b. Report annually to the TMA Deputy Director, through their TAO Director and Surgeon General, on all Internal Partnership Agreements. The report should include information on the number of Internal Partnership Agreements in place, new Agreements and expired/ cancelled Agreements during the reporting period, the medical service discipline or provider category associated with the Agreement, and an annual justification (see [Enclosure 4](#)) of the Partnership Program which supports continuation/modification of the Partnership Program and individual Agreements. The report will be due annually in sufficient time for consideration in development of the TRICARE Overseas Area Health Services Plan. The TMA business case analysis (BCA) guidance will be used to conduct BCAs (see [Enclosure 5](#)). If MTFs have questions on how to conduct a BCA, each service Surgeon's General Support Office is listed in [Enclosure 1](#).
- c. Analyze potential applications of the Partnership Program on a case-by-case basis and make a determination prior to entering into each Internal Partnership Agreement that all of the following criteria are met:
 - 1) Use of the Partnership Program will meet a need for health care services that is not adequately being met by, and cannot be met with, existing MTF resources.
 - 2) Use of the Partnership Program is more economical to the Government than referring the need for health care services to the civilian community under TRICARE.
 - 3) Use of the Partnership Program is consistent with the mission of the MTF.
 - 4) Use of the Partnership Program is consistent with high standards of quality health care established for MTFs.
- d. In applying the criteria listed in paragraph 4.c. above, take into account the following points of consideration:
 - 1) In verifying an unmet need for health care services, consider appointment waiting times, number of Non-Availability Statements (NASs) issued for a particular service, TRICARE use in the area, and other pertinent factors.
 - 2) In reviewing cost impacts, make a comparison between TRICARE costs for the health care service in the community without use of the Partnership Program and providing the service through the Partnership Program. The negotiated rate(s) for each Agreement should be a discounted rate off the applicable TRICARE CMAC rate(s) in the state of Alaska, the Philippines, Panama, or a negotiated fee schedule in TOP areas appropriately discounting the host nation rate which would normally be applicable if the beneficiary had received care in a "downtown" host nation setting. All negotiated rates shall take into account the extent, if at all, that the Partnership Program provider will be supported by his or her own personnel and other resources under his or her direct control and supervision.
 - 3) Ensure that the Agreement does not compromise the mission of the facility, and that the health care resources to be provided are consistent with the level and type of health care resources generally provided by the MTF, including appropriate consideration of the availability/adequacy of clinical and administrative support and the impact in the areas of ancillary services, appointment and scheduling, etc. resulting from the Internal Partnership Agreement.

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- e. Ensure that all liability issues relating to the Partnership Program are properly addressed and ensure that the civilian Partnership Program Provider has sufficient liability insurance coverage to protect TRICARE beneficiaries as well as the government.
- f. Provide quality assurance controls through the medical staff appointment and reappointment procedures, the specific delineation of clinical privileges, periodic in-depth health care provider review and appraisal, and the stipulation that Partnership Providers adhere to MTF instructions and medical staff bylaws to the same extent required of Military Department health care providers. In addition, Partnership Providers shall be required to comply with the state of Alaska or host nation laws, tax requirements, and applicable licensing requirements, as well as TRICARE requirements for approved authorized provider status. The usual Service procedures will be used to ensure notification of the Federation of State Medical Boards, the National Practitioner Data Bank, and TMA Deputy Director (or designated TMA Partnership Program Manager) of those practitioners who have had their clinical privileges limited, suspended, or revoked while a participant in the Partnership Program.
- g. Monitor partnership visits on a quarterly basis to ensure there is no abuse of the system by partnership providers scheduling medically inappropriate visits. The MTF and applicable service will determine how to monitor this.
- h. Ensure that health care services provided TRICARE beneficiaries under the terms of the Partnership Program are consistent with authorized TRICARE benefits established by regulation and policy. An Internal Partnership Agreement may contain a provision to allow for MTF supplemental care funds to be used to pay a Partnership Program provider for care furnished to ADSMs or for non-active duty TRICARE beneficiaries only if payment to civilian sources of care would otherwise be authorized in accordance with DoD policy on use of supplemental care funds.
- i. In overseas locations, excluding U.S. Territories and the state of Alaska where Medicare is the primary payor, MTFs have the option of offering health care, services under the Internal Partnership Agreement to Medicare-eligible beneficiaries, including TRICARE For Life (TFL) eligibles enrolled in Medicare Part B. Prior to offering any such services to Medicare-eligible beneficiaries under an Internal Partnership Agreement, a determination must be made that such care will be cost effective based on the required BCA and final approval of the Internal Partnership Agreement must be granted.
- j. Ensure that providers who are potential participants in the Partnership Program are given fair selection opportunities to participate in the program through appropriate notification of opportunities, such as notice to local medical and professional societies, and objective selection standards.
- k. Require Partnership Providers to the extent practical to use MTF health care resources, that is, specialty consultants, ancillary services, equipment, and supplies, when such resources are available.
- l. Assist in providing appropriate administrative support as necessary to expedite Partnership Program provider reimbursements, but not in violation of the prohibition against a government employee acting as a representative for a claimant against the government as provided for in 18 USC 203 or 205.

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- m. Encourage beneficiaries to use the health care services available under Internal Partnership Agreements rather than those available in the private sector that, in the absence of the Partnership Program, would require issuance of a NAS.
- n. Ensure that no guaranteed minimum patient flow is made by any government representative.
- o. Ensure Partnership Providers are not assigned patients under the Primary Care Manager Concept.
- p. Compute charges for beneficiaries receiving care under the Internal Partnership Agreement as charges computed for MTF care (10 U. S.C. 1096(c), reference (a).)
- q. Ensure that the Partnership Program providers:
 - 1) Qualify as authorized TRICARE providers under reference (c) and/or host nation rules and regulations.
 - 2) Agree to be TRICARE participating providers on all TRICARE claims under reference (c).
 - 3) Agree to bill TRICARE as secondary payer to all other insurance plan, medical service, or health plan except Medicaid and, pending clarification of policy, Medicare for Medicare-eligible beneficiaries in the state of Alaska.
 - 4) Meet the licensing and privileging requirements of the MTF.
 - 5) Agree to comply with all rules and procedures of the MTF.
 - 6) Provide full professional liability insurance covering acts or omissions of such health care provider, as well as those of support personnel, not covered by 10 USC 1089, and other resources supporting that provider to the same extent as is usual and customary in civilian practice in the community.

Procedures:

1. Before an Internal Partnership Agreement may be executed and implemented, the MTF Commander involved shall submit the proposed Agreement to the TAO Director or designee. The TAO will forward recommendations to the applicable Service Surgeon General or designee and then, the Service will forward the Agreement, if approved, to TMA for final review and approval by the Deputy Director, TMA (or designee). If the Agreement is disapproved by TMA, a written statement of reasons for disapproval shall be sent to the MTF Commander, the appropriate Service Surgeon General and the TAO. If the Agreement is disapproved by the Services Surgeon General, the Service shall notify the TAO and MTF Commander. After coordination with the TAO, disapproval by either the Services Surgeon General or TMA Deputy Director shall constitute disapproval.

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2. An Internal Partnership Agreement shall not last longer than two years with the option to renew, based upon mutual agreement between the MTF Commander and the civilian provider of health care. The continuation of any Agreement beyond the first year is subject to annual justification by MTF Commander, Services Surgeon General, and TMA Deputy Director (see [Enclosure 4](#)) and inclusion in the TRICARE Regional Health Service Plan as required under paragraph 4.b. above. All Agreements shall be subject to modification unilaterally by the government to incorporate any changes in policy directed by the TMA Deputy Director, Services, TAOs, or MTF Commanders unless the civilian provider of health care objects in writing to the modification, at which time the Agreement shall be cancelled at the sole discretion of the MTF Commander based on 90 days written notice. All changes in policy will be coordinated through the TRICARE RD or designee, Services, and then, the TMA Deputy Director. In all other situations, the Agreement may be cancelled by mutual consent of the civilian provider of health care and MTF Commander, or for the convenience of the government (without recourse by the civilian provider) based on 90 days written notice issued by the MTF Commander. MTF Commanders are responsible for notifying the TRICARE RD, Service, and TMA Deputy Director of such cancellations.

Effective Date and Implementation.

This TRICARE Policy Directive is effective immediately. The TMA point of contact on this issue is the Deputy Chief, Managed Care Support Office, TMA Operations Directorate, Aurora, Colorado at (303) 676-3476.



Thomas F. Carrato
Deputy Director

cc:

Surgeon General, U.S. Army
Surgeon General, U.S. Navy
Surgeon General, U.S. Air Force

Enclosures -- 5

- E1. Service BCA Point of Contacts
- E2. Template for Internal Partnership Agreement (Individual Agreements)
- E3. Template for Internal Partnership Agreement (Group Agreements)
- E4. Annual Justification
- E5. Business Case Analysis

ENCLOSURE 1

SERVICE SURGEONS GENERAL SUPPORT OFFICES

- 1.1 Army: U.S. Army Medical Command, TRICARE Operations Division, (210) 221-7074 or 7055
- 1.2. Navy: Healthcare Support Office, (904) 542-7200
- 1.3. Air Force: Health Benefits Division, AFMSA/SGSA, (202) 767-4699, DSN: 297-4699

ENCLOSURE 2

SAMPLE

**TEMPLATE INTERNAL PARTNERSHIP AGREEMENT
FOR INDIVIDUAL AGREEMENTS**

**MILITARY-CIVILIAN HEALTH SERVICES PARTNERSHIP PROGRAM
LETTER OF AGREEMENT
BETWEEN
(MTF NAME)
AND
(HEALTH CARE PROVIDER NAME)**

A. GENERAL

1. This Agreement is entered into by and between **(MTF Name)**, hereinafter referred to as the Military Treatment Facility or MTF and **(Name of Civilian Provider)**, hereinafter referred to as the Health Care Provider. This Agreement is effective for two years upon written notification to the parties of approval by the TMA Deputy Director or designee through **(Date)**.
2. The purpose of this Agreement is to integrate specific MTF and TRICARE program resources to provide medical services for TRICARE beneficiaries at **(MTF Name)**.
3. The Health Care Provider must complete application, and be approved, for clinical privileges at the MTF for the purpose of practicing medicine in **(Enter Specialty)**. The Health Care Provider agrees to all the terms and conditions of the application for clinical privileges at the MTF, as well as the terms and conditions of this Agreement.
4. The MTF is a U. S. Government health care facility within the Department of Defense (DoD) operated by the **(Military Department)**. The MTF is accountable to the Surgeon General of the **(Military Department)** as the equivalent of the Board of Trustees. The MTF Commander is the local representative of the Board of Trustees and is responsible for the operation of the MTF.
5. This Agreement does not become binding on either party until signed by the TRICARE Management Activity (TMA) Deputy Director (or designee). Their signed approval will become an enclosure to this Agreement (see Appendix D).
6. During the term of this Agreement, the Health Care Provider shall not advise, recommend, or suggest to persons authorized to receive medical care at DoD facilities that such medical care be received from the Health Care Provider, or any other contracted health care practitioner, or employee, except pursuant to this Agreement.
7. The Health Care Provider is not prohibited, by reason of this Agreement, from conducting a private practice, if the following conditions prevail:
 - a. No conflict with the performance of duties under the Agreement exists.
 - b. Practice is not conducted at any DoD MTF or using any US Government property.

- c. The Health Care Provider complies with paragraph 6. above.

B. ARTICLES OF AGREEMENT

1. The MTF Commander, or Designee, shall:
 - a. Review past and current performance of, determine qualifications of, determine liability insurance coverage of, and select Health Care Providers.
 - b. Comply with Utilization Review and Quality Assurance directives and **(Military Department)** regulations, including, but not limited to:
 - 1) Ensuring that selected Health Care Providers are credentialed in accordance with (IAW) DoD and Military Department directives and regulations and MTF bylaws. The **(MTF Name)** Credentials Committee has reviewed the Health Care Provider's credentials and found them acceptable IAW applicable regulations.
 - 2) Ensuring that Health Care Providers and associated support staff adhere to MTF bylaws and DoD and Military Department directives and regulations to the same extent and in the same manner as **(Military Department)** health care providers and support staff.
 - c. Provide facilities, ancillary support, diagnostic and therapeutic services, equipment, and supplies necessary for the proper care and management of patients under this Agreement, to the extent available and authorized for that facility.
 - d. Provide support to the Health Care Provider, to the extent available and authorized for that facility, including:
 - 1) Maintenance of patient records, including transcription and copying services, as may be necessary to satisfy both **(Military Department)** and private practitioner record keeping requirements.
 - 2) Maintenance of the Health Care Provider case, workload, and credentials files in support of credentialing processes.
 - 3) TRICARE administration requirements, including certification and submission, but only to the extent that it is not prohibited by 18 USC 203 205. However, the Health Care Provider will be responsible for its own billing support.
 - 4) Authorizing subsistence at MTF dining facilities at the rates prescribed for civilian guests.
 - 5) To the extent allowed by U.S. law and regulation and by the Status of Forces Agreement and host nation supplementary agreements, Health Care Providers and associated support personnel will be afforded logistic support.
 - e. Educate MTF staff, beneficiaries, other TRICARE Partnership providers, and other interested civilian providers about the Partnership Program.
 - f. Provide appropriate reimbursement for care rendered in the MTF to patients not eligible for TRICARE benefits.
 - g. Encourage beneficiaries to use Partnership Program services rather than other TRICARE services for medical care.
 - h. Comply with all regulatory and other requirements for granting access to DoD Computer Systems, including, but not limited to:

- 1) Obtaining necessary documentation from the Health Care Provider to enable a National Agency Check (NAC) (or other necessary check in the case of non-U.S. citizens) to be performed.
 - 2) Following procedures specified by the TMA Privacy Office (in the case of U.S. citizens) or equivalent local procedures (in the case of non-U.S. citizens).
2. The Health Care Provider shall:
- a. Meet the licensing and privileging requirements of the MTF, to include, but not limited to, 10 USC 1094 and DoD Directives 6025.13, for the Health Care Provider and support personnel. The Health Care Provider shall be required to comply with [the state of Alaska] [the host nation laws] tax requirements, and applicable licensing requirements for approved authorized provider status.
 - b. Provide full professional liability insurance covering acts or omissions of the Health Care Provider, support staff, and other resources supporting the Health Care Provider as part of this Agreement to the same extent as is usual and customary in the civilian practice community. The MTF Commander or designee, after consultation with and concurrence of the Staff Judge Advocate, shall have the sole authority to determine whether the terms, conditions, and limits of the professional liability insurance policy meet the requirements of this paragraph. The insurance will be for all claims filed within the statute of limitations period provided by law. Evidence of such insurance will be provided by the Health Care Provider to **(MTF Name)** upon execution of this Agreement and thereafter, whenever the current certification expires.
 - c. Furnish evidence of Occurrence-Type professional liability insurance or, at a minimum, Claims-Made coverage which contains coverage endorsement, or an equivalent clause, providing indemnification for the United States for all claims filed within the statute of limitation period provided by law. Liability coverage is applicable to clinical privileges granted. Failure to maintain adequate coverage is cause for immediate termination of the Agreement.
 - d. Provide full disclosure of all information, including, but not limited to, past performance, as required by the credentialing process.
 - e. Abide by MTF bylaws and DoD and Military Department directives and regulations with regard to Utilization Review and Quality Assurance Directives, including, but not limited to, in service training, maintenance of records, utilization review, performance evaluation, release of medical information, and credentialing. The Health Care Provider understands and agrees to the responsibilities of meeting and sustaining professional qualifications and requirements commensurate with credentialing and privileging standards of the MTF for its providers and support personnel. Failure to meet these standards serves as a basis to cancel this Agreement immediately.
 - f. Abide by unique **(Military Department)** requirements concerning the nature of limited privileged communication between the patient and the Health Care Provider as may be necessary for security and Personnel Reliability Programs (PRP).
 - g. In general, use all available **(Military Department)** resources to include, but not limited to, specialty consultations, ancillary services, equipment and supplies for the optimal care of patients under this Agreement. The Health Care Provider or **(MTF Name)** will provide support personnel as shown in Appendix A of this Agreement.

- h. Adhere to this TRICARE Health care Provider Agreement and claim submission requirements concerning allowable payment for services rendered as stated in Appendix B to this Agreement. Allowable payment will be based on medical services delivered to patients in **(MTF Name)** and will be made by TRICARE to the Health Care Provider in the amount specified in Appendix C to this Agreement.
- i. Claims for patients having other health insurance must be submitted to the other insurance carrier prior to filing any claim with the U.S. Government. The Health Care Provider may charge their customary fee to other insurance carriers. If other insurance pays equal to, or more than the fee established by this Agreement, no claim may be filed to TRICARE. If the insurance pays less than the agreed upon fee, then a claim for the difference may be filed to TRICARE.
- j. Abide by regulatory and other requirements for being granted access to DoD Computer Systems. This includes, but is not limited to, filling out all necessary forms and granting any necessary releases to enable a National Agency Check (NAC) (or other necessary check in the case of non-U.S. citizens) to be performed.

C. OTHER CONSIDERATIONS

1. Neither party shall assign, transfer, convey, sublet, or otherwise dispose of this Agreement, or the right, title to, or interest therein, or the power to execute such Agreement, to any other person, company, or corporation, without the other party's previous written consent. Consent must be, as a minimum, between the Health Care Provider, the MTF Commander, and the TAO Director or designee.
2. In the event of illness or incapacity rendering the Health Care Provider incapable of delivering services, care for patients under this Agreement shall be transferred to other health care providers at the discretion of the MTF Commander.
3. The proposed term of this Agreement is two (2) years with an option to renew based upon mutual agreement; however, continuation of the Agreement beyond the first year is subject to annual approval by the MTF Commander. Exercise of the renewal option requires affirmative written action on the part of the MTF and the Health Care Provider not less than 90 days prior to the end of the Agreement. Termination of this Agreement shall be predicated upon satisfactory written notice to the other party not less than 90 days before the proposed termination date. The 90-day-notice requirements may be waived, however, by mutual consent of the parties to the Agreement or unilaterally for the convenience of the Government (including its mobilization requirements).
4. Regardless of any provision of host nation law to the contrary, the Health Care Provider shall abide by the **(Military Department)** rules and regulations concerning the confidentiality of patient records, as embodied in the Privacy Act of 1974 and DoD regulations and directives and **(Military Department)** regulations.
5. Regardless of any provision of host nation law to the contrary, the Health Care Provider will abide by **(Military Department)** rules and regulations concerning release of information to the public, as embodied in the Freedom of Information Act, DoD Health Information Privacy Regulation (DoD 6025.18-R), and current DoD directives. This provision specifically requires the Health Care Provider to obtain advance approval from the **(Military Department)** before publication of technical papers in any professional or scientific journals, at any seminars or conferences, or in any other written or oral media.

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6. The MTF Commander designates **(Name and Title of MTF Representative)** as the point of contact for the MTF. The Health Care Provider designates **(Name and Title of Representative)**, as the point of contact for the Health Care Provider.
7. It is understood that no care rendered pursuant to this Agreement will be a part of a study, research grant, or other protocol without the written consent of the Deputy Director, TMA, and the Assistant Secretary of Defense (Health Affairs).
8. The MTF's liability for actions of its employees is governed by 10 USC 1089, 10 USC 2734, and 28 USC 1346(b), 2671-80. The Health Care Provider is not an employee within the definition of these federal statutes. Under the terms of this Agreement, the Health Care Provider is solely responsible for any and all liability incurred as a result of the Health Care Provider's actions or omissions, and the Health Care Provider shall indemnify the United States Government from any and all liability.
9. Disputes between the parties to this Agreement:
 - a. If any dispute concerning this Agreement cannot be resolved between the Health Care Provider and the MTF point of contact, the decision of the MTF Commander is final.
 - b. Choice of Law. United States law will control in any dispute between the Health Care Provider and the U.S. Government concerning this Agreement.
10. Non-exclusivity. The Health Care Provider understands that this Agreement does not constitute an exclusive right to perform medical services at the MTF. The MTF reserves the right to execute other Agreements with TRICARE partners for the performance of medical services and to perform medical services by hiring and using its own employees and officers.
11. Modifications. This Agreement may only be modified in writing, signed by the Health Care Provider, the MTF Commander or designee, and Deputy Director, TMA or designee.

RECOMMENDATION FOR APPROVAL:

MTF NAME

HEALTH CARE PROVIDER

Name and Title of MTF
Authorized Signer

Name and Title of Health Care Provider
Authorized Signer

Date: _____

Date: _____

- Appendix A: Health Care Provider/Associated Support Personnel Staffing
- Appendix B: Claims Submission Requirements
- Appendix C: Negotiated Fee Schedule
- Appendix D: Approval of the Partnership Agreement

ENCLOSURE 2

APPENDIX A

SAMPLE

HEALTH CARE PROVIDER/ASSOCIATED SUPPORT PERSONNEL STAFFING

LETTER OF AGREEMENT

BETWEEN

(MTF NAME)

AND

(HEALTH CARE PROVIDER NAME)

SUBJECT: Items Negotiated between the Two Parties

1. The **(MTF name)** or provider will endeavor to provide adequate nursing assistants, receptionists, and billing support for care provided under this Agreement. Nursing support personnel will attend a one day Newcomer's Orientation class, a three-day Nursing Orientation class, and all other training which the MTF normally requires of its own nursing support personnel. Such training may consist of courses on direct patient care, safety, and systems & security, but will not include military-related courses. Additionally, new receptionists/nursing assistants will contact the MTF or clinic Health Benefits Advisor for a briefing on TRICARE requirements and TRICARE eligibility. The MTF will be responsible for providing appointment and ancillary support services.
2. The Health Care Provider agrees to receive all TRICARE eligible patients. Patients who are determined to be TRICARE ineligible will be referred back to the MTF for reappointment.
3. The **(MTF name)** or provider recognizes that continuity of patient care is of the utmost importance to the MTF, and will endeavor to furnish support staff who are available for the duration of the Agreement.

MTF COMMANDER _____

Commander

Provider

Date: _____

Date: _____

ENCLOSURE 2

APPENDIX B

SAMPLE

CLAIMS SUBMISSION REQUIREMENTS

To facilitate the processing of Partnership Claims, the following guidelines must be followed.

1. Each claim must be identified by a large, bold "Partnership" stamp that does not obscure the claim information. If claims are not identified in this manner, they will be processed as TRICARE claims since it is impossible for the TMA claims processor to otherwise distinguish them.
2. All Partnership claims are to be submitted on either a CMS 1500 (08/2005) or DD 2642 claims form. No beneficiary-submitted claims will be processed.
3. The claim form must clearly indicate that it is from a participating provider by checking the "Yes" block next to "participating" on the appropriate TRICARE-approved claim form.
4. Only TRICARE-approved procedure codes are to be used to bill for all services provided.
5. Only procedures/services that are within the scope of the approved Agreement are to be billed.
6. The procedures/services billed to TRICARE are only those provided to TRICARE-eligible beneficiaries.
7. All partnership procedures/services are to be performed within the MTF, and the appropriate block on the TRICARE claim form must indicate that the procedures/services were provided in the MTF.
8. If a beneficiary has other health insurance (OHI), the claims for Partnership procedures/services must first be filed with the other coverage before being submitted to TRICARE. Documentation of the action taken by the OHI plan must accompany the partnership claim submitted to TRICARE.
9. The beneficiary must not be billed for any deductibles or cost-shares.
10. Only the fees specified in the Partnership Agreement are to be billed to TRICARE.

ENCLOSURE 2

APPENDIX C

SAMPLE

NEGOTIATED RATES

**LETTER OF AGREEMENT
BETWEEN
(MTF NAME)
AND
(HEALTH CARE PROVIDER NAME)**

SUBJECT: List of Providers, Locations, Specialties and Costs

1. The Health Care Provider agrees to provide pediatric, primary care, and family practice physician services for \$XX.XX per visit, and Physician Assistant Services at \$XX.XX per visit.
 - a. XXXXX Clinic: Family Practice and Pediatrics.
 - b. XXXXX Clinic: Pediatrics and Family Practice.
 - c. XXXXX MTF: Primary Care Services and Physician Assistant Services.
 - d. XXXXXX Clinic: Family Practice Service, to include obstetric care up to the 36th week of gestation, and Physician Assistant Services.
 - e. XXXXXX Clinic: Primary Care and Pediatrics.
 - f. Psychology Services at XXXXXX, XXXXXXXX and XXXXXX Clinics as listed below:

<u>CPT CODE</u> ¹	<u>PROCEDURE</u>	<u>RATE:</u>
90801	Diagnostic Interview (90 min)	\$XXX.XX
90804	Psychotherapy (30 min)	\$XXX.XX
90806	Psychotherapy (50 min)	\$XXX.XX
90808	Psychotherapy (80 min)	\$XXX.XX
90846	Family Therapy (w/o patient)	\$XXX.XX
90847	Family Therapy (with patient)	\$XXX.XX
90853	Group Therapy	\$XXX.XX
90901	Biofeedback Training	\$XXX.XX
90887	Exam Interpretation	\$XXX.XX

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g. Psychiatry Services at XXXXXX, XXXXXX and XXXXXX

<u>CPT CODE</u> ¹	<u>PROCEDURE</u>	<u>RATE:</u>
90801	Diagnostic Interview (90 min.)	\$XXX.XX
90802	Diagnostic Interview, Interactive (90 min)	\$XXX.XX
90804	Psychotherapy (30 min.)	\$XXX.XX
90806	Psychotherapy (50 min.)	\$XXX.XX
90808	Psychotherapy (80 min.)	\$XXX.XX
90846	Family Therapy (w/o patient)	\$XXX.XX
90847	Family Therapy (with patient)	\$XXX.XX
90853	Group Therapy (Each)	\$XXX.XX
90862	Pharmacologic Management	\$XXX.XX
90887	Interpretation of Psychiatric Exams	\$XXX.XX
90901	Biofeedback Training	\$XXX.XX

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2. The MTF will endeavor to provide a nursing assistant, receptionist, and billing agent for each MTF location at no extra cost.

ENCLOSURE 2

APPENDIX D

SAMPLE

**APPROVAL OF THE PARTNERSHIP AGREEMENT
BETWEEN
(MTF NAME)
AND
(HEALTH CARE PROVIDER NAME)**

The undersigned, as evidenced by their signatures below, approve this Military-Civilian Health Services Partnership Program Letter of Agreement.

TAO Director
(Typed Name and Title)

Date

Surgeon General of the (specify Service Branch)
(Typed Name and Title)

Date

Deputy Director, TRICARE Management Activity
(Typed Name and Title)

Date

ENCLOSURE 3

**SAMPLE
TEMPLATE INTERNAL PARTNERSHIP AGREEMENT
FOR GROUP AGREEMENTS**

**MILITARY-CIVILIAN HEALTH SERVICES PARTNERSHIP PROGRAM
LETTER OF AGREEMENT
BETWEEN
(MTF NAME)
AND
(CONTRACTOR NAME)**

A. GENERAL

1. This Agreement is entered into by and between **(MTF Name)**, hereinafter referred to as the Military Treatment Facility or MTF, and **(Contractor Name)**, hereinafter referred to as the Health Care Provider. The term "Health Care Provider" includes individual practitioners under contract with **(Contractor Name)**, and credentialed by the MTF. A list of individual practitioners will be provided to the MTF at least 5 workdays prior to commencement of services under this Agreement. This Agreement is effective for two years upon written notification to the parties of approval by the TMA Deputy Director or designee.
2. The purpose of this Agreement is to integrate specific MTF and TRICARE program resources to provide medical services for TRICARE beneficiaries at **(MTF Name)**.
3. Individual practitioners complete application for clinical privileges at the MTF for the purpose of practicing medicine in **(Enter Specialty)**. The Health Care Provider agrees to all the terms and conditions of the application for clinical privileges at the MTF, as well as the terms and conditions of this Agreement.
4. The MTF is a U. S. Government health care facility within the Department of Defense (DoD) operated by the **(Military Department)**. The MTF is accountable to the Surgeon General of the **(Military Department)** as the equivalent of the Board of Trustees. The MTF Commander is the local representative of the Board of Trustees and is responsible for the operation of the MTF.
5. This Agreement does not become binding on either party until signed by the Deputy Director, TRICARE Management Activity (TMA) (or designee). Their signed approval will become an enclosure to this Agreement (see Appendix D).
6. During the term of this Agreement, the Health Care Provider and its practitioners will not advise, recommend, or suggest that persons authorized to receive medical care at DoD facilities, should receive medical care from the Health Care Provider, or any other contracted health care practitioner, or employee, except pursuant to this Agreement.
7. The Health Care Provider and its individual practitioners are not prohibited, by reason of this Agreement, from conducting a private practice, if the following conditions prevail:
 - a. No conflict with the performance of duties under the Agreement exists.

- b. Practice is not conducted at any DoD MTF or using any U.S. Government property.
- c. The Health Care Provider and its individual practitioners comply with paragraph 6 above.

B. ARTICLES OF AGREEMENT

- 1. The MTF Commander, or Designee, shall:
 - a. Review past and current performance of, determine qualifications of, determine liability insurance coverage of, and select potential health care entities.
 - b. Comply with Utilization Review and Quality Assurance directives and **(Military Department)** regulations, including, but not limited to:
 - 1) Ensuring that individual practitioners of the Health Care Provider are credentialed in accordance (IAW) with DoD and Military Department directives and regulations and MTF bylaws. The **(MTF Name)** Credential's Committee has reviewed the Health Care Provider's credentials and found them acceptable IAW applicable regulations.
 - 2) Ensuring that individual practitioners and support staff of the Health Care Provider adhere to MTF bylaws and DoD and Military Department directives and regulations to the same extent and in the same manner as **(Military Department)** health care providers and support staff.
 - c. Provide facilities, ancillary support, diagnostic and therapeutic services, equipment, and supplies necessary for the proper care and management of patients under this Agreement, to the extent available and authorized for that facility.
 - d. Provide administrative support to the Health Care Provider's individual practitioners, to the extent available and authorized for that facility, including:
 - 1) Maintenance of patient records, including transcription and copying services, as may be necessary to satisfy both **(Military Department)** and private practitioner recordkeeping requirements.
 - 2) Maintenance of individual practitioner case, workload, and credentials files in support of credentialing processes.
 - 3) TRICARE administration requirements, including certification and submission, but only to the extent that it is not prohibited by 18 USC 203, 205. However, the Health Care Provider will be responsible for its own billing support.
 - 4) Authorizing subsistence at MTF dining facilities at the rates prescribed for civilian guests.
 - 5) To the extent allowed by U.S. law and regulation and by the Status Of Forces Agreement and host nation supplementary agreements, Health Care Provider Practitioners and associated support personnel will be afforded logistic support.
 - e. Educate MTF staff, beneficiaries, other TRICARE Partnership providers, and other interested civilian providers about the Partnership Program.
 - f. Provide appropriate reimbursement for care rendered in the MTF to patients not eligible for TRICARE benefits.
 - g. Encourage beneficiaries to use Partnership Program services rather than other TRICARE services for medical care.

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- h. Notify the appropriate TRICARE Claims Processor and TMA of all additions to or deletions from the attached list of practitioners by the Health Care Provider.
 - i. Comply with all regulatory and other requirements for granting access to DoD Computer Systems, including, but not limited to:
 - 1) Obtaining necessary documentation from the Health Care Provider to enable a National Agency Check (NAC) (or other necessary check in the case of non-U.S. citizens) to be performed.
 - 2) Following procedures specified by the TMA Privacy Office (in the case of U.S. citizens) or equivalent local procedures (in the case of non-U.S. citizens).
2. The Health Care Provider/Contractor shall:
- a. Meet the licensing and privileging requirements of the MTF, to include, but not limited to, 10 USC sec. 1094 and DoD Directives 6025.13, for all Health Care practitioners and support personnel.
 - b. Provide full professional liability insurance covering acts or omission of all Health Care Provider practitioners, support staff, and other resources supporting practitioners as part of this Agreement to the same extent as is usual and customary in the civilian practice community. The MTF Commander or designee shall, after consultation with and concurrence of the Staff Judge Advocate, have the sole authority to determine whether the terms, conditions, and limits of the professional liability insurance policy meet the requirements of this paragraph. The insurance will be for all claims filed within the statute of limitation period provided by law. Evidence of such insurance will be provided by the Health Care Provider to **(MTF Name)** upon execution of this Agreement and thereafter, whenever the current certification expires.
 - c. Furnish evidence of Occurrence-Type professional liability insurance or, at a minimum, Claims-Made coverage which contains tail coverage endorsement, or an equivalent clause, providing indemnification for the United States for all claims filed within the statute of limitation period provided by law. Liability coverage is applicable to clinical privileges granted. Failure to maintain adequate coverage is cause for immediate termination of the Agreement.
 - d. Provide full disclosure of all information, including, but not limited to, past performance, as required by the credentialing process.
 - e. Abide by MTF bylaws and DoD and Military Department directives and regulations with regard to Utilization Review and Quality Assurance Directives, including, but not limited to, in service training, maintenance of records, utilization review, performance evaluation, release of medical information, and credentialing. The Health Care Provider understands and agrees to the responsibilities of meeting and sustaining professional qualifications and requirements commensurate with credentialing and privileging standards of the MTF for its providers and support personnel. Failure to meet these standards serves as a basis to cancel this Agreement immediately.
 - f. Abide by unique **(Military Department)** requirements concerning the nature of limited privileged communication between the patient and the Health Care Provider as may be necessary for security and Personnel Reliability Programs (PRP).

- g. In general, use all available **(Military Department)** resources to include, but not limited to, specialty consultations, ancillary services, equipment and supplies for the optimal care of patients under this Agreement. The Health Care Provider/Contractor or **(MTF name)** will provide support personnel as shown in Appendix A of this Agreement.
- h. Adhere to this TRICARE Health Care Provider Agreement and claim submission requirements concerning allowable payment for services rendered as stated in Appendix B to this Agreement. Allowable payment will be based on medical services delivered to patients in **(MTF Name)** and will be made by TRICARE to the Health Care Provider in the amount specified in Appendix C to this Agreement.
- i. Claims for patients having private health insurance must be submitted to the private insurance carrier prior to filing any claim with the U.S. Government. The Health Care Provider individual practitioners may charge their customary fee to private insurance. If private insurance pays equal to, or more than the fee established by this Agreement, no claim may be filed to TRICARE. If the insurance pays less than the agreed fee, then a claim for the difference may be filed to TRICARE.
- j. Abide by regulatory and other requirements for being granted access to DoD Computer Systems. This includes, but is not limited to, filling out all necessary forms and granting any necessary releases to enable a National Agency Check (NAC) (or other necessary check in the case of non-U.S. citizens) to be performed.

C OTHER CONSIDERATIONS

- 1. Neither party shall assign, transfer, convey, sublet, or otherwise dispose of this Agreement, or the right, title to, or interest therein, or the power to execute such Agreement, to any other person, company, or corporation, without the other party's previous written consent. Consent must be, as a minimum, between the Health Care Provider, the MTF Commander, the TAO Director or designee, and TMA Deputy Director or designee.
- 2. In the event of illness or incapacity rendering the Health Care Provider incapable of delivering services, care for patients under this Agreement shall be transferred to other health care providers at the discretion of the MTF Commander.
- 3. The proposed term of this Agreement is two (2) years with an option to renew for a two-year period based upon mutual agreement. Exercise of the renewal option requires affirmative written action on the part of the MTF and the Health Care Provider/Contractor not less than ninety (90) days prior to the end of the Agreement. Termination of this Agreement shall be predicated upon satisfactory written notice to the other party not less than ninety (90) days before the proposed termination date. The ninety (90)-day-notice requirements may be waived by mutual consent of the parties to the Agreement or unilaterally for the convenience of the Government (including its mobilization requirements).
- 4. Regardless of any provision of host nation law to the contrary, Health Care Provider practitioners shall abide by the **(Military Department)** rules and regulations concerning the confidentiality of patient records, as embodied in the Privacy Act of 1974, DoD regulations and directives, and **(Military Department)** regulations.

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5. Regardless of any provision of host nation law to the contrary' Health Care Provider providers will abide by **(Military Department)** rules and regulations concerning release of information to the public, as embodied in the Freedom of Information Act, DoD Health Information Privacy Regulation (DoD 6025.18-R), and current DoD directives. This provision specifically requires Health Care Provider practitioners to obtain advance approval from the **(Military Department)** before publication of technical papers in any professional or scientific journals, at any seminars or conferences, or in any other written or oral media.
6. The MTF Commander designates **(Name and Title of MTF Representative)** as the point of contact for the MTF. The Health Care Provider/Contractor designates **(Name and Title of Representative)**, as the point of contact for the Health Care Provider/Contractor.
7. It is understood that no care rendered pursuant to this Agreement will be a part of a study, research grant, or other protocol without the written consent of the Director, TMA, and the Assistant Secretary of Defense (Health Affairs).
8. The MTF's liability for actions of its employees is governed by 10 USC 1089, 10 USC 2734, and 28 USC 1346(b), 2671-80. Health Care Provider/Contractor practitioners are not employees within the definition of these Federal statutes. Under the terms of this Agreement, Health Care Provider practitioners are solely responsible for any and all liability incurred as a result of their actions or omissions, and the Health Care Provider practitioners shall indemnify the United States Government from any and all liability.
9. Disputes between the parties to this Agreement:
 - a. If any dispute concerning this Agreement cannot be resolved between the Health Care Provider and the MTF point of contact, the decision of the MTF Commander is final.
 - b. Choice of Law. United States law will control in any dispute between the Health Care Provider/Contractor and the U.S. Government concerning this Agreement.
10. Non-exclusivity. The Health Care Provider understands that this Agreement does not constitute an exclusive right to perform medical services at the MTF. The MTF reserves the right to execute other Agreements with TRICARE partners for the performance of medical services and to perform medical services by hiring and using its own employees and officers.
11. Modifications. This Agreement may only be modified in writing, signed by the Health Care Provider and the MTF Commander or designee and Deputy Director, TMA or designee.

RECOMMENDATION FOR APPROVAL:

MTF Name

Health Care Provider/Contractor

Name of MTF

Name and Title of Health Care Provider/Contractor

Authorized Signer

Authorized Signer

Date: _____

Date: _____

Appendix A: Health Care Provider/Associated Support Personnel Staffing

Appendix B: Claims Submission Requirements

Appendix C: Negotiated Fee Schedule

Appendix D: Approval of the Partnership Agreement

ENCLOSURE 3

APPENDIX A

SAMPLE

**HEALTH CARE PROVIDER/ASSOCIATED SUPPORT PERSONNEL STAFFING
LETTER OF AGREEMENT
BETWEEN
(MTF NAME)
AND
(HEALTH CARE PROVIDER/CONTRACTOR)**

SUBJECT: Items Negotiated between the Two Parties

1. The **(MTF Name)** or Health Care Provider will endeavor to provide adequate nursing assistants, receptionists, and billing support for care provided under this Agreement. Nursing support personnel will attend a one day Newcomer's Orientation class, a three-day Nursing Orientation class, and all other training which the MTF normally requires of its own nursing support personnel. Such training may consist of courses on direct patient care, safety, and systems & security, but will not include military-related courses. Additionally, new receptionists/nursing assistants will contact the MTF or clinic Health Benefits Advisor for a briefing on TRICARE requirements and TRICARE eligibility. The MTF will be responsible for providing appointment and ancillary support services.
2. The Health Care Provider agrees to receive all TRICARE eligible patients. Patients who are determined to be TRICARE ineligible will be referred back to the MTF for reappointment.
3. The **(MTF Name)** or Health Care Provider recognizes that continuity of patient care is of the utmost importance to the MTF, and will endeavor to furnish support staff who are available for the duration of the Agreement.

MTF COMMANDER _____

Commander

Provider

Date: _____

Date: _____

ENCLOSURE 3

APPENDIX B

SAMPLE

CLAIMS SUBMISSION REQUIREMENTS

To facilitate the processing of Partnership Claims, the following guidelines must be followed.

1. Each claim must be identified by a large, bold "Partnership" stamp that does not obscure the claim information. If claims are not identified in this manner, they will be processed as TRICARE claims since it is impossible for the TMA claims processor to otherwise distinguish them.
2. All Partnership claims are to be submitted on either a CMS 1500 (08/2005) or DD 2642 claims form. No beneficiary-submitted claims will be processed.
3. The claim form must clearly indicate that it is from a participating provider by checking the "Yes" block next to "participating" on the appropriate TRICARE-approved claim form.
4. Only TRICARE-approved procedure codes are to be used to bill for all services provided.
5. Only procedures/services that are within the scope of the approved Agreement are to be billed.
6. The procedures/services billed to TRICARE are only those provided to TRICARE-eligible beneficiaries.
7. All partnership procedures/services are to be performed within the MTF, and the appropriate block on the TRICARE claim form must indicate that the procedures/services were provided in the MTF.
8. If a beneficiary has other health insurance (OHI), the claims for Partnership procedures/services must first be filed with the other coverage before being submitted to TRICARE. Documentation of the action taken by the OHI plan must accompany the partnership claim submitted to TRICARE.
9. The beneficiary must not be billed for any deductibles or cost-shares.
10. Only the fees specified in the Partnership Agreement are to be billed to TRICARE.

ENCLOSURE 3

APPENDIX C

SAMPLE

NEGOTIATED RATES

**LETTER OF AGREEMENT
BETWEEN
(MTF NAME)
AND
(HEALTH CARE PROVIDER NAME)**

SUBJECT: List of Providers, Locations, Specialties and Costs

1. The Health Care Provider agrees to provide pediatric, primary care, and family practice physician services for \$XX.XX per visit, and Physician Assistant Services at \$XX.XX per visit.
 - a. XXXXX Clinic: Family Practice and Pediatrics.
 - b. XXXXX Clinic: Pediatrics and Family Practice.
 - c. XXXXX MTF: Primary Care Services and Physician Assistant Services.
 - d. XXXXXX Clinic: Family Practice Service, to include obstetric care up to the 36th week of gestation, and Physician Assistant Services.
 - e. XXXXXX Clinic: Primary Care and Pediatrics.
 - f. Psychology Services at XXXXXX, XXXXXXXXX and XXXXXX Clinics as listed below:

<u>CPT CODE</u> ¹	<u>PROCEDURE</u>	<u>RATE:</u>
90801	Diagnostic Interview (90 min)	\$XXX.XX
90804	Psychotherapy (30 min)	\$XXX.XX
90806	Psychotherapy (50 min)	\$XXX.XX
90808	Psychotherapy (80 min)	\$XXX.XX
90846	Family Therapy (w/o patient)	\$XXX.XX
90847	Family Therapy (with patient)	\$XXX.XX
90853	Group Therapy	\$XXX.XX
90901	Biofeedback Training	\$XXX.XX
90887	Exam Interpretation	\$XXX.XX

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TRICARE Operations Manual 6010.56-M, February 1, 2008

Chapter 24, Section 29

TRICARE Overseas Program (TOP) Partnership Program

g. Psychiatry Services at XXXXXX, XXXXXX and XXXXXX:

<u>CPT CODE</u> ¹	<u>PROCEDURE</u>	<u>RATE:</u>
90801	Diagnostic Interview (90 min.)	\$XXX.XX
90802	Diagnostic Interview, Interactive (90 min)	\$XXX.XX
90804	Psychotherapy (30 min.)	\$XXX.XX
90806	Psychotherapy (50 min.)	\$XXX.XX
90808	Psychotherapy (80 min.)	\$XXX.XX
90846	Family Therapy (w/o patient)	\$XXX.XX
90847	Family Therapy (with patient)	\$XXX.XX
90853	Group Therapy (Each)	\$XXX.XX
90862	Pharmacologic Management	\$XXX.XX
90887	Interpretation of Psychiatric Exams	\$XXX.XX
90901	Biofeedback Training	\$XXX.XX

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2. The MTF will endeavor to provide a nursing assistant, receptionist, and billing agent for each MTF location at no extra cost.

ENCLOSURE 3

APPENDIX D

SAMPLE

**APPROVAL OF THE PARTNERSHIP AGREEMENT
BETWEEN
(MTF NAME)
AND
(HEALTH CARE PROVIDER NAME)**

The undersigned, as evidenced by their signatures below, approve this Military-Civilian Health Services Partnership Program Letter of Agreement.

TAO Director
(Typed Name and Title)

Date

Surgeon General of the (specify Service Branch)
(Typed Name and Title)

Date

Deputy Director, TRICARE Management Activity
(Typed Name and Title)

Date

ENCLOSURE 4

SAMPLE

**MILITARY-CIVILIAN HEALTH SERVICES PARTNERSHIP PROGRAM
ANNUAL JUSTIFICATION
BETWEEN
(MTF NAME)
AND
(INDIVIDUAL/GROUP HEALTH CARE PROVIDER NAME)**

1. This document is an addendum to the Letter of Agreement (LOA) dated _____ between the above listed parties. That LOA was approved by the TRICARE Management Activity (TMA) Deputy Director, for the period (enter "from-to" dates provided in WPS' or PGBA's authorization letter), pending annual certification of the continued need for this Partnership Agreement.
2. The terms and conditions of the original LOA will be complied with to the full extent for the second year.
3. This addendum does not become binding on either party until it is approved by the TRICARE Regional or Area Office Director, the Service Surgeon General, and the TMA Deputy Director.
4. As the MTF commander, I certify/approve that the data contained in the original Business Case Analysis (BCA) is still valid and that the provider's services are still required.

**MTF Commander
(Typed Name and Title)**

Date

The undersigned, as evidenced by their signature below, approve continuation of the partnership Agreement.

**TAO Director
(Typed Name and Title)**

Date

**Surgeon General of the (specify Service Branch)
(Typed Name and Title)**

Date

**Deputy Director, TRICARE Management Activity
(Typed Name and Title)**

Date

ENCLOSURE 5	
BUSINESS CASE ANALYSIS	
Table Of Contents	
Subject Area	Worksheet
Overview	Worksheet 2
Definitions	Worksheet 3
Executive Summary	Worksheet 4
MTF Optimization	
1. Eligible Population	Worksheet 5
2. Primary Care Support Analysis or Specialty/Allied/Nurse Care Support Analysis	Worksheet 6 Worksheet 7
3. Patient Appointment Workload	Worksheet 8
4. Financial Analysis	Worksheet 9
Multiple Rates Worksheet	Worksheet 10
Other Benefits	Worksheet 11

Note: A complete BCA must include all worksheets.

OVERVIEW

This TRICARE Management Activity (TMA) Business Case Analysis (BCA) template has been developed in accordance with TRICARE policy implementing the Military-Civilian Health Services Partnership Program, hereafter referred to as the "Partnership Program." The guidance contained herein is intended for use by the TRICARE Overseas Area Offices which do not have at-risk TRICARE Managed Care Support Contracts. The TRICARE Operations Manual 6010.56-M, January 1, 2008, [Chapter 24, Section 29](#) titled, TRICARE OVERSEAS PROGRAM (TOP) PARTNERSHIP PROGRAM provides information regarding the Partnership Program.

A partnership analysis should be initiated within the requesting Military Treatment Facility (MTF) and is intended to assist MTF leadership, the appropriate Service Surgeon General and the TRICARE Area Office Director, and the Director of TMA in determining the feasibility of establishing a Partnership Agreement to augment or implement clinical services not available within the overseas military health care system.

There are three major elements of the partnership proposal: Executive Summary, MTF Optimization, and Other Benefits. The routing process is extensive beginning with the MTF through the TRICARE Area Office Director and appropriate Service Surgeon General to TMA-West. TMA-West will coordinate their recommendations through the Director, TMA for approval. Upon approval/disapproval by the Director of TMA, TMA-West will make notification to the MTF. Recommendations for disapproval at any level will be returned. Therefore, the process should begin at least 90 days before a requested start date of a new agreement or before an existing agreement expires.

How to Use the BCA Model:

- 1. Complete a separate BCA if there are any factors which affect workload and/or financial analysis, such as requests of multiple Primary Care specialties or Specialists. For example, if you need two Primary Care specialties, an Internist and a Pediatrician, complete two BCAs: one for the Internist and one for the Pediatrician.**
- 2. Fill in the white cells in all required worksheets. The turquoise cells will automatically populate by formula or pull from other worksheets in the BCA.**
- 3. Finish by completing the Executive Summary. Provide a brief narrative to further support your request.**
- 4. Submit through designated individual offices for approval according to the policy referenced above.**

Worksheet 2

DEFINITIONS	
Requested Partnership Providers	Total FTEs of new and/or renewal Partnership Providers requested by this BCA
Authorized Providers	Earned personnel positions based on Service standards.
Assigned Providers	Actual personnel assigned to authorized positions.
MTF Provider Average Per Year	MTF Providers Total Visits/MTF Providers Assigned
Partnership Provider Average Per Year	Partnership Providers Total Visits/Partnership Providers Assigned
Average Per Provider	Total Visits (MTF + Partnership Providers)/Providers Assigned (MTF + Partnership Providers)
Delta	MTF Authorized - (MTF Assigned + Partnership Requested)
Marginal Cost	Cost required to produce one more unit of service. The marginal cost for a patient visit might include a single-use instrument tray, medication, disposable equipment, dressing supplies, etc., used during the visit. List any marginal costs on the Financial Analysis worksheet.
Claims (Health Care Costs)	Total Projected Annual Workload for Partnership Provider Requested x Cost Per Visit
Negotiated Rate	Rate per procedure negotiated with the Partnership provider.
Network/Local Rate	Actual or estimated rate for network or local provider in the community.

EXECUTIVE SUMMARY

Although this section appears first in the BCA, it is suggested that it be completed last.

Most of the information in the Analysis Summary is brought forward from the subsequent worksheets. The Analysis Summary concludes with an MTF Commander certification. A check mark entered before each statement certifies that the listed criteria was met before entering into this Partnership Agreement.

Comments in the Narrative section should effectively and concisely outline your key goals and objectives. Emphasize the most important facts, such as potential savings, long-term benefits, strategic focus, or any other factors that justify your decision. As a general rule, your narrative should include the nature and purpose of your Partnership Agreement request and highlight the major points and implications of your request. Details of your analysis should be provided in the appropriate worksheets.

I. ANALYSIS SUMMARY

Application for: ▼

Demographics:

Requesting MTF (Name/Address)

Requesting POC (Name/Phone/E-mail)

Partnership Provider Name

Provider Specialty/Clinic

Clinic Practice Location

Date Submitted (dd/mm/yy)

Total Population Served:

Historical Workload (Last 12 Months):

PRIMARY CARE

MTF Provider Average Per Year

Partnership Provider Average Per Year

Average Per Provider

SPECIALTY CARE

MTF Provider Average Per Year

Partnership Provider Average Per Year

Average Per Provider

Projected Workload (12 Months):

Total Proj Annual Workload for Partnership Provider(s) Requested

Average Per Provider Including Partnership

PCM Enrollment Ratio:

Average Enrollees Per Assigned PCM

1 to

Average Projected Enrolled per PCM

1 to

Service Standard Ratio Per PCM

1 to

EXECUTIVE SUMMARY (CONT'D)

Summary of Cost Options:	Partnership	Network/Local	TDY
Cost First Year (Start-Up & Recurring)	-	-	-
Cost Second Year (Recurring)	-	-	-
Savings (Partnership vs. Network/Local)	-		
Savings (Partnership vs. TDY)	-		

Providers Assigned:	
Primary Care Providers (including assigned Partnership)	0.0
Specialty/Allied/Nurse (including assigned Partnership)	0.0

Other Benefits:

MTF Commander Certification:

I certify that:

- Use of the Partnership Program will meet a need for health care services that is not adequately being met by, and cannot be met with, existing MTF resources.
- Use of the Partnership Program is consistent with the mission of the MTF.
- Use of the Partnership Program is consistent with the high standards of quality health care established for MTFs.

II. NARRATIVE:

ELIGIBLE POPULATION

This section should identify your eligible population. The source for the eligible population data is M2, CHCS, or the TRICARE Eurasia-Africa web site.

<http://www.tricare.osd.mil/tma/EurasiaAfrica/>

Active Duty Service Members

Active Duty Family Members 0-18

Active Duty Family Members 19+

Retirees under age 65

Retirees Age 65 or over

Data Source(s):

Total:

PRIMARY CARE SUPPORT ANALYSIS

Complete this section if you are requesting a Primary Care Partnership Provider. For the requested Primary Care Specialty, enter the number of Authorized and Assigned FTEs for MTF Providers and the FTEs of Assigned and/or Requested Partnership Providers. Requested Partnership Providers is the total of new and renewal Partnership Providers requested by this BCA. If you are requesting more than one Primary Care Specialty (i.e., an Internist and a Family Practitioner), complete a separate BCA for each specialty.

This section should detail the proposal's impact on your current staffing levels. The data source for the Army is the Table of Distribution and Allowances for Providers Authorized/Assigned. For the Air Force, the data source is the Unit Personnel Manning Roster. For the Navy, the data source is the Navy Personnel System.

For providers who worked full-time, part of the year (i.e., newly assigned), part time FTE, or part time due to other duties (such as deployment), enter the FTE value in the Assigned cell as a fraction to the nearest tenth. For example, if a provider has worked 10 months of the year, enter .8 for the value in the Assigned cell. Or if the provider worked in the clinic 20 hours per week due to other duties, enter .5 for the FTE value in the Assigned cell. For each fraction, explain in the Additional Comments section what the fraction represents (i.e., provider worked part time due to other duties or was only available 10 months of the year due to deployment).

I. Primary Care Specialty (Including Partnership Providers)

Primary Care Specialty Requested	MTF		Partnership		Delta
	Authorized	Assigned	Assigned	Requested	
Family Practitioner ▼					0.0
Total:	0.0	0.0	0.0	0.0	0.0

II. ELIGIBLE ENROLLED/PCM RATIO

Avg Enrollees per Assigned PCM (MTF Provider(s) of Requested Specialty):

1 to:

Service Standard Ratio Per PCM:

1 to:

(If ratio is below Service standard, please justify below):

III. ANCILLARY STAFFING

Is ancillary staffing sufficient to handle additional projected workload?

Yes ▼

Comments:

PRIMARY CARE SUPPORT ANALYSIS (CONT'D)

IV. NEGOTIATED RATE

Negotiated Rate for Partnership Provider(s) Per Visit

0.0

V. ADDITIONAL COMMENTS

Data Source(s):

SPECIALIST/ALLIED HEALTH/NURSE CARE SUPPORT ANALYSIS

Complete this section if you are requesting a Specialist, Allied Health, or Nurse Support Partnership provider. For the requested provider, enter the number of Authorized and Assigned FTEs for MTF Providers and the FTEs of Assigned and/or Requested Partnership Providers. Requested Partnership Providers is the total of new and renewal Partnership Providers requested by this BCA. For example, if you are requesting an Orthopedist, provide the number of authorized and assigned FTEs of MTF Orthopedists and the number of assigned and/or requested Partnership Orthopedists. If you are requesting more than one provider, complete a separate BCA for each different type of provider. Follow the same guidance for Allied Health and Nurse Support Providers.

This section should detail the proposal's impact on your current staffing levels. The data source for the Army is the Table of Distribution and Allowances for Providers Authorized/Assigned. For the Air Force, the data source is the Unit Personnel Manning Roster. For the Navy, the data source is the Navy Personnel System.

For providers who worked full-time, part of the year (i.e., newly assigned), part time FTE, or part time due to other duties (such as deployment), enter the value for Assigned as a fraction to the nearest tenth. For example, if a provider has worked 10 months of the year, enter .8 for the FTE value in the Assigned cell. Or if the provider worked in the clinic 20 hours per week due to other duties, enter .5 for the FTE value in the Assigned cell. For each fraction, explain below what the fraction represents (for example, provider worked part time due to other duties or was only available 10 months of the year due to deployment).

I. Primary Care Specialty (Including Partnership Providers)

Specialist/Allied Health/Nurse Support Provider Requested	MTF		Partnership		Delta
	Authorized	Assigned	Assigned	Requested	
General Surgeon ▼					0.0
Total:	0.0	0.0	0.0	0.0	0.0

II. ANCILLARY STAFFING

Is ancillary staffing sufficient to handle additional projected workload? <input type="text" value="Yes"/> ▼	Comments:
--	-----------

IV. NEGOTIATED RATE

Negotiated Rate for Partnership Provider(s) Per Visit	<input type="text" value="0.0"/>
---	----------------------------------

V. ADDITIONAL COMMENTS

Data Source(s):	
-----------------	----------

PATIENT APPOINTMENT WORKLOAD

Complete this section to document historical workload for the requested Primary Care Specialty, Specialist, or Allied Health Provider over the past 12 months and to project the annual Partnership Provider workload for the next 12 months.

Historical Workload:

If this is a continuation of a previous Partnership Provider Agreement, enter workload data for the past 12 months in the Partnership Providers sub-section. If you also have MTF providers assigned in the requested specialty, enter workload data for the past 12 months in the MTF Providers sub-section. If this is a new Partnership Provider Agreement, the Partnership Provider sub-section will be blank. If you do not have any MTF Providers assigned to the requested specialty, the MTF Providers sub-section will be blank. Historical workload data can be obtained from M2 or CHCS by appointment type. Non-countable provider workload should not be included (such as RN, Medical Tech, or any other visit that is not considered countable).

Projected Workload:

Always project the annual workload of your Partnership Provider(s) requested, whether it may be a continuation of a previous service or a new service, and enter the value in the Total Projected Annual Workload for Partnership Provider(s) Requested field. For example, if you are requesting an Orthopedist Partnership Provider, enter the projected workload for the next 12 months. Or if you are requesting two Orthopedist providers, enter the combined projected workload for both providers for the next 12 months. Explain your method for calculating the projected workload.

I. HISTORICAL WORKLOAD (LAST 12 MONTHS)

CLINICS: SPECIALTY: Family Practitioner ▼

YEAR:

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-------

Partnership Providers:

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Routine													0
Acute													0
Wellness													0
Other Appt													0
Total Visits	0	0	0	0	0	0	0	0	0	0	0	0	0

MTF Providers:

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Routine													0
Acute													0
Wellness													0
Other Appt													0
Total Visits	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Visits	0	0	0	0	0	0	0	0	0	0	0	0	0

PRIMARY CARE

SPECIALTY CARE

MTF Provider Average Per Year	<input type="text"/>		MTF Provider Average Per Year	<input type="text"/>
Partnership Provider Average Per Year	<input type="text"/>	OR	Partnership Provider Average Per Year	<input type="text"/>
Average Per Provider	<input type="text"/>		Average Per Provider	<input type="text"/>

PATIENT APPOINTMENT WORKLOAD (CONT'D)	
II. PROJECTED WORKLOAD (12 MONTHS)	
Total Proj Annual Workload for Partnership Provider(s) Requested	<input type="text" value="0"/>
(Identify below method of calculating projected workload for Partnership Provider(s):	
Data Source(s):	

FINANCIAL ANALYSIS

Complete this section using data from MCOAT, CDIS, EAS IV (or CRIS if your facility does not have access to EAS IV). The Navy source for financial data is the Navy Medicine Financial System. If you currently have a Partnership Provider, use actual cost data from the past 12 months. Second year costs should be projected based on actual costs from the previous year. New agreements should include start-up costs and annual recurring costs the first year and only include estimated recurring costs for the second year.

In the Narrative section, identify currency used throughout the Business Case Analysis, sources of data used, and discuss/identify any financial issues that are not apparent in the data.

I. SUMMARY OF COST OPTIONS

		Partnership	Network/Local	TDY
Start-Up Costs	Equipment Purchase		0.00	
	Remodel Costs		0.00	
	Furniture Costs		0.00	
	Other (Specify Below)		0.00	
	Total Start-Up Costs	0.00	0.00	0.00
Annual Recurring Costs	Cost Per Visit	0.00	0.00	0.00
	Equipment (Rental)		0.00	
	Facility Costs		0.00	
	Marginal Costs/Supplies		0.00	
	Per Diem/Lodging	0.00	0.00	
	Transportation	0.00	0.00	
	Claims (Healthcare Costs)	0.00	0.00	0.00
	Other (Specify Below)	0.00	0.00	0.00
	Total Recurring Costs	0.00	0.00	0.00
Cost First Year (Start-Up & Recurring)	0.00	0.00	0.00	
Cost Second Year (Recurring)	0.00	0.00	0.00	
Total Two Year Costs	0.00	0.00	0.00	
Savings (Partnership vs. Network)	0.00			
Savings (Partnership vs. TDY)	0.00			

FINANCIAL ANALYSIS (CONT'D)

II. NARRATIVE:

Currency Used:

US Dollars



Data Source(s):

OTHER BENEFITS

Identify any readiness reasons that should be considered in evaluating this proposal. Examples of specific readiness issues could include deployments, training, etc., (greater than 180 days) that impacts your ability to provide care.

Also consider any patient satisfaction benefits that will be derived from this proposal as well as any other reasons that should be considered in evaluating this proposal (for example, quality of life issues).

Synopsis		Detail
1		
2		
3		

- END -

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Appendix A

Acronyms And Abbreviations

FQHC	Federally Qualified Health Center
FR	Federal Register Frozen Records
FRC	Federal Records Center
FSH	Follicle Stimulating Hormone
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
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

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Appendix A

Acronyms And Abbreviations

HDGC	Hereditary Diffuse Gastric Cancer
HDL	Hardware Description Language
HDR	High Dose Radiation
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
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
HSWL	Health, Safety and Work-Life
HTML	HyperText Markup Language
HTTP	HyperText Transfer (Transport) Protocol
HTTPS	HyperText Transfer (Transport) Protocol Secure

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Appendix A

Acronyms And Abbreviations

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
ICD-10-CM	International Classification of Diseases, 10th Revision, Clinical Modification
ICD-10-PCS	International Classification of Diseases, 10th Revision, Procedure Coding System
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
IFR	Interim Final Rule
IFSP	Individualized Family Service Plan
IG	Implementation Guidance
IgA	Immunoglobulin A

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Appendix A

Acronyms And Abbreviations

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
IOP	Intraocular Pressure
IORT	Intra-Operative Radiation Therapy
IP	Inpatient
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

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Appendix A

Acronyms And Abbreviations

JC	Joint Commission (formerly Joint Commission on Accreditation of Healthcare Organizations (JCAHO))
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JCIH	Joint Committee on Infant Hearing
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 ⁷
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
LCD	Local Coverage Determination
LCF	Long-term Care Facility
LCIS	Lobular Carcinoma In Situ
LDL	Low Density Lipoprotein
LDLT	Living Donor Liver Transplantation
LDR	Low Dose Rate
LDT	Laboratory Developed Test
LGS	Lennox-Gastaut Syndrome
LH	Luteinizing Hormone
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

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Appendix A

Acronyms And Abbreviations

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
MDQC	Mail Delivery Quality Code
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
MESA	Microsurgical Epididymal Sperm Aspiration
MET	Microcurrent Electrical Therapy
MFCC	Marriage and Family Counseling Center
MGCRB	Medicare Geographic Classification Review Board
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
mild®	Minimally Invasive Lumbar Decompression
MIRE	Monochromatic Infrared Energy
MLNT	Multisyllabic Lexical Neighborhood Test

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MMA	Medicare Modernization Act
MMEA	Medicare and Medicaid Extenders Act (of 2010)
MMP	Medical Management Program
MMSO	Military Medical Support Office
MMWR	Morbidity and Mortality Weekly Report
MNR	Medical Necessity Report
MOA	Memorandum of Agreement
MOH	Medal Of Honor
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
MRS	Magnetic Resonance Spectroscopy
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)
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
NACLCL	National Agency Check with Law Enforcement and Credit
NADFM	Non-Active Duty Family Member
NARA	National Archives and Records Administration

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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
NCD	National Coverage Determination
NCE	National Counselor Examination
NCF	National Conversion Factor
NCI	National Cancer Institute
NCMHCE	National Clinical Mental Health Counselor Examination
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
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
NMA	Non-Medical Attendant
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

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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
NSF	Non-Sufficient Funds
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
OAE	Otoacoustic Emissions
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
OP/NSP	Operation/Non-Surgical Procedure
OPD	Outpatient Department

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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
OTCD	Ornithine Transcarbamylase Deficiency
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
PBT	Proton Beam Therapy
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
PESA	Percutaneous Epididymal Sperm Aspiration
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

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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
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

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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
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

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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
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

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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
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

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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
TCMHC	TRICARE Certified Mental Health Counselor
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

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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
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

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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
TTOP	TRICARE Transitional Outpatient Payment
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

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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 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

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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
WWW	World Wide Web
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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